THE

# MEDICAL EXAMINER,

AND

# RECORD OF MEDICAL SCIENCE.

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## ORIGINAL COMMUNICATIONS.

### *Yellow Fever Autopsies.* By B. Rush Mitchell, M. D., U. S. Navy.

If facts be important in medicine, then the contribution of them, even if the only effect of the communication be to establish more firmly long cherished views, cannot be esteemed altogether unprofitable. Influenced by considerations like these, we present to the profession the results of two post-mortem examinations made of yellow fever patients at the Naval Hospital, Salmadina Islands, near Vera Cruz, during the summer of 1847. Sickness, in part, prevented the writer from making more; although the greatest impediment was the paucity of dead cases.

*Case* 1*st*. J. R. Maine. Death occurring after six days illness. Autopsy ten hours after death.

*Results*.—Body full and plump, very rigid; cheeks of a bronzed appearance; about the ears and posterior to them, skin of a dark purple.

Abdomen contains a large quantity of effused serum. The stomach and bowels much inflated, the peritoneum presents marks of old adhesions, and is of a purplish colour externally. The stomach contains eight ounces of semi-consistent fluid, of a coffee-

ground hue and appearance; its mucous membrane is slightly injected throughout; and in the lesser curvature there is evident softening. The duodenum presents the same appearances as the stomach. The gall bladder is of natural size, and contains one ounce of very viscid black bile. The liver is natural in size, softened in texture, and of a mahogany colour. The spleen is of natural size, but much softened. The bladder is highly inflamed, and much distended with reddish-brown urine.

The lungs present nothing abnormal. The pericardium is full of serum. The heart is enlarged, thickened and fatty. There are old adhesions of the pleura.

Brain.—A large quantity of serum, evident upon removing the top of the cranium. The meninges are much injected and adherent. The substance of the cerebrum is more solid than in health, while the cerebellum is softened and very much injected.

This patient was *delirious* for two days prior to death; and was a fair illustration of those cases of yellow fever where the head lesions are those of most fatal import.

*Case 2d.*—W. Savage, seaman, died after eight days illness; three days sick before entering hospital. Autopsy 12 hours after death.

*Appearances.*—Body. No emaciation of any consequence. Eyes and skin of a saffron hue.

Pleura pale, and some traces of old adhesions. Static congestion of both lungs. Heart and pericardium perfectly normal.

Liver of usual density of structure, but one-third larger than usual, of a dark olive colour, with white streaks intermingled.

Gall bladder full of inky and ropy matter. Stomach more than half distended, and nearly full of semi-fluid and black matter. Its mucous coat is brilliantly red, when the black adherent matter is removed; and about the lesser curvature there is softening. To these appearances must be added great contraction and hardening of the pylorus.

The duodenum is much inflamed, thickened, and contracted in calibre; in a few places there is slight ulceration, chiefly in the upper third. The spleen is about twice the normal size, and of the consistence of clotted blood. The remaining bowels are much congested, and more or less filled with brownish fluid matter. The bladder is normal, and contains about half oz. of pale

urine. The right kidney is much inflamed internally; and there are patches of lymph on the periphery of both.

The cerebrum and cerebellum are much softened; and are of the consistence of fresh made cheese. No serum in the ventricles. The membranes are pale and dry.

This case I esteem one of the class in which the abdominal lesions are most to be dreaded. At no period of his illness was this patient delirious; and although the autopsy revealed softening of the brain, yet there was no cerebral symptom present except coma, which came on an hour before death. In truth, I see no reason for believing that the lesions of the brain, noted in the last patient, had any necessary connexion with the disease which caused his death; and I am inclined to believe the softening of the brain to have been the gradual and progressive result of causes other than yellow fever.

The two post-mortems, it will be observed, differ much in the brainial lesions which they exhibit; as in truth they do in other points. Yet there are some important things common to the two; and as both were undoubted cases of yellow fever, it may be well to sum up and examine the points of agreement. The most prominent of these points of agreement is the condition of the stomach. In both it was evidently inflamed and softened, and this most marked about the lesser curvature. In both, this organ contains a dark-brown or black semi-fluid. The duodenum, too, is in both cases the subject of inflammation. The gall-bladder in both is full of inky, ropy bile. The liver in both is the subject of lesion, either in regard to colour or texture. The spleen is in both cases softened. The urinary apparatus is in both cases the subject of lesion; in the one there is inflammation of the bladder; in the other, of the kidneys.

If we leave the abdomen, the parallelism of the two post-mortems ceases, although we find no difference as respects the lungs and pleura. The differences are in the heart and the brain. The first named we are disposed to look upon as entirely disconnected from the disease; for the period of illness was too short for fatty enlargement of the heart; and the circumstances were not favorable to its depositions. And while we are indisposed to consider the softening of the brain in the second case as the product of the yellow fever, we cannot esteem the marked traces of inflammation in the

first in a similar light. On the contrary, we view them as a legitimate result of yellow fever in a constitution in which the nervous temperament predominates. In all the cases that we have seen, we have invariably found strongly marked head symptoms in all cases of yellow fever attacking persons in whom, from constitutional peculiarity or from extrinsic causes, the brain was very active. So true is this, that it is practicable to tell, *a priori*, from the habits of the patient, whether the head or the abdominal symptoms will most predominate in his case. Thus, at Salmadina hospital, while the officers died with the head symptoms the most prominent, the reverse was generally true of the men.

Still, in all cases where the head symptoms predominated, they did not appear simultaneously with the access of the fever; but became manifested during its course, and usually about two days before death. They appeared to us to be the result of transferred irritation from the abdomen to the head. And the reason why this transferrence takes place so readily, we imagine to be the fact, that the cause of yellow fever first affects the nervous system, the spinal in particular, as evidenced by the intense pain in the back, present at the beginning of *all* cases.

We believe, and the results of these post-mortems indicate it, that the chief seat of yellow fever, the grand object of its assault, is, the various parts within the abdomen; and if we succeed in defeating the disease in this locality, there is no fear of a transferrence of disease to the head, or of a termination of the case in death. How these desirable ends may be attained, is a most important query in practical medicine. To solve it perfectly and satisfactorily, there is required an *honest, truthful, capable and perfectly unbiassed* observer. When will such an one be found?

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*On the Use of Creosote in Mercurial Salivation.* By E. W. Faulcon, M. D., of Warren county, N. C.

To the Editor of the Medical Examiner.

Dear Sir,—Two days ago, while looking over the last edition of "Watson's Practice of Physic," on the subject of "Mercury in Inflammation," I recalled to memory a case that came under my observation six years ago, while I resided in another section of this State. It was one of severe salivation from the use of this mineral in remittent bilious fever. Dr. Watson says, "I have

tried all sorts of expedients, and I have asked a great number of my friends what is the best plan to adopt in such cases, but I never could get satisfactory information from them. Some thought purging was the best thing: others recommended alum gargles, and gargles made of the chloride of soda: some recommended sulphur and a few iodine: all admitted that they knew of no certain remedy: neither do I."

On the 25th September, 1842, I was called in consultation to J. S., who was suffering from severe salivation, and as *some* of the usual remedies in such cases had been used without benefit in this disease, (for such it certainly is,) and as the muscles of the jaws were rapidly stiffening, so as scarcely to permit his speaking with distinctness, I suggested to his attending physician the use of the following gargle: creosote ℥ss., sage tea one pint. To be used every hour during that day, and its effects accurately noted. In thirty minutes after its first application he felt a sharp tingling sensation along the angles of both jaws, and a slight convulsive motion in the muscles of the lower jaw. Shortly after the appearance of this last sensation, there was a marked relaxation of all the muscles of the face, and he expressed himself as feeling better (locally) than he had done for many days. In the evening there was a very great decline of the salivary discharge, and a great improvement in the appearance of the mucous membrane of the mouth and palatine region, which, prior to its application, wore that aspect so indicative of a near approach to sloughing. On the 26th, treatment continued, but with a slight variation or increase of the amount of sage tea. 27th.—Still continues to improve, the discharge nearly arrested: 28th.—Improving—continue treatment: 29th.—Improving, discontinue creosote but add to the strength of the sage tea: 30th.—So much improved as to require no further local treatment. Directed that the bowels be kept soluble by the use of mush and milk as diet, and occasionally aperient doses of the phosphate of soda. In a few days thereafter, he was "dismissed cured," or in other words, to receive no more visits from his physician. As creosote has some celebrity as a hæmostatic in some of the "morbi externi," I reasoned from these premises, that it might prove of service in this peculiar condition of the salivary organs. True, it is but a *single* case, yet so manifest were the benefits derived from its use,

that I would not fail to resort to it in similar cases, nor to commend it, as I now do, to the members of our craft, with the hope and belief that *their* experience with it, will accord with my own. Such is the hasty account of its use, which you may dispose of as your judgment may direct.

*August* 16*th*, 1848.

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*Note from Dr. Wallace.*

To the Editor of the Medical Examiner.

Dear Sir,—In the number of the Examiner published July, 1847, you gave place to a report of "Extirpation of the Parotid Gland, by Professor Pancoast." The report was not complete, inasmuch as the patient left this city previous to the separation of the ligature applied to the external carotid artery. I was for a long time unable to obtain any information with regard to her, but have now the pleasure to inform you, that the ligature came away about a fortnight after she reached her home, and from that time to the present she has enjoyed uninterrupted health. I furthermore learn that there is no appearance of any return of the disease, for the relief of which the operation was performed.

Very respectfully,

Ellerslie Wallace,

309 Walnut street.

*Philadelphia, Sept.* 20*th*, 1848.

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*Letter from* Dr. Read, *correcting his account of a Case of Super-fœtation in a Mare, published September*, 1848.

Professor Huston:

My Dear Sir,—The time which elapsed between the two copulations in the case of Super-fœtation, published in the September number of the Examiner, is incorrect. It was only a little more than two days, (instead of two or three weeks.) I supposed the first statement was correct, but on visiting the township since, to learn the exact time, I find I was misinformed. I hasten to correct the statement, that I may not add another to the "*medical facts* that are *medical lies*."

Yours truly,

Albert N. Read.

*Andover, Ashtabula Co., Ohio, Oct.* 1*st*, 1848.

*An Essay on Pyelitis Calculosa, or Stone in the Kidney. Translated from the French of P. Rayer, Physician to the Hospital de la Charité, &c., &c., &c. With notes and additional cases.* By James Bryan, M. D., of Philadelphia, Member of the American Medical Association, Professor of Surgery in Geneva Medical College, N. Y., &c. &c.

(Concluded.)

After stating the value of these symptoms (pain in the renal region, the presence of mucus, blood or pus in the urine) as signs or pyelitis calculosa, I proceed to state the distinctive characters of *renal tumours* formed by the accumulation of pus in the pelvis. I shall insist upon the diagnosis of these tumours in a special manner, because of the operations which they demand; operations which may be useless or promptly mortal if they are practised on other tumours, sometimes observed in this region.

Tumours which may be confounded with those which are consecutive to chronic pyelitis calculosa, are, on the left side, all those which result from a morbid enlargement of the spleen; on the the right side, tumours of the liver and of the gall bladder: on both sides different renal tumours of another nature, (hydro-nephrosis hemorrhages in the pelvis, cancerous or tuberculous kidneys: kidneys containing acephalocysts, &c.,) extra renal abcesses, either idiopathic or consecutive to perforations of the kidney, or of the colon, or of the end of the cœcum: abcesses from congestion following caries of the spinal vertebræ; tumours formed by supra-renal aneurisms of the aorta: encysted tumours containing various fluids or acephalocysts: finally stercoraceous tumours produced by the accumulation of fœcal matters in the colon and in the cœcum.

1. Of all the tumours which may be confounded with those produced by an accumulation of pus in the pelvis, the *hydro-nephritic* are, without doubt, those nearest, both from their form, their situation, and from the fluctuation felt throughout their extent. In the two cases, the tumour formed by the enlarged kidney is usually nodular, fluctuating, flat on percussion, and accompanied by an enlargement of the lumbar region. But the tumorus formed by the accumulation of pus in the cavity of the pelvis or calices, are the seat of more or less acute pain at one time or other; they are often accompanied by febrile action; and if they are indolent,

become painful on pressure or movement of the body. In hydro-nephrosis on the other hand, the tumour is indolent, and only inconvenient on account of its size. Finally, when the communication between the pouch formed by the distended kidney and the ureter is not completely interrupted, the urine in the pyelitic tumour is purulent and opaque, while in the hydro-nephritic case it is commonly transparent or only obscured by mucus.

2. It is difficult to distinguish a tumour formed of a purulent collection in the pelvis from abcesses situated in the cellular tissue surrounding the kidney, (peri-nephite,) whether these abscesses supervene upon a contusion, or on the passage of pus or urine through renal fistulæ following an inflammation of the pelvis or of the kidney. For the rest, it is to be observed, in a tumour formed by a collection of pus in the cavity of the pelvis, that the fluctuation is deeper in the lumbar region than that of an abscess about the kidney, and this is nearly always followed or accompanied by œdema of the subcutaneous tissue of the loins, which I have never seen in the former case unaccompanied by the latter; nearly always, abcesses situated between the posterior surface of the kidney and the lumbar muscles, terminate by elevating the skin; and by the application of one hand on the anterior surface of the abdomen, and the other on the lumbar region, the fluctuation is more sensible than when the pus is only in the pelvis and calices. The passage of pus with the urine will decide the question, but even this sign is wanting when the passages are entirely obstructed.

3. It is more difficult to distinguish in the complex cases where there is at once pus in the pelvis and calices and outside of the kidney. At the same time, after the formation of a purulent collection in the cavity of the pelvis, there occurs at a later period an acute pain in the back part of the tumour, a swelling under the skin; the succession of these symptoms will indicate fistula renales and an abcess of the kidney. But there are cases in which this order of succession of these accidents has not been observed, or the characteristic marks of the lumbar tumour are absent; here the diagnosis is uncertain, unless the patient have suffered retention of urine, bloody urine, or nephritic colics. In such a case, when once it is decided that the lumbar tumour is not formed of blood, the surest mode of making out the diagnosis clearly, and of preventing the collection of a fluid in the abdominal cavity, or at least

the extension of the abscess, is to open the tumour. The character of the fluid from the tumour will clear away all doubt. A fœtid odour, like that from stercoraceous abscess may arise from purulent deposits around the kidney or colon without perforation of this intestine. On the other hand, if a stercoraceous odour does not exclude the idea of an abscess about the kidney, with or without communication with the interior of the pelvis, we must remember that purulent collections formed in the interior of the kidney opening externally, have in many cases no sensible urinary odour. Flakes perceived by the fingers in the abscess do not necessarily authorize us to consider the contents as urinous. I have seen, indeed, tuberculous abscesses of this region present such filaments and a species of organic attritus. But if the diagnosis is not entirely satisfactory at the time of opening the abscess, the after symptoms will make all clear.

4. In stercoraceous abscesses, even fœcal matters pass out through the fistula; percussion and pressure on the colon favour their exit. Worms and solid food may pass out at the wound, &c.; pus is sometimes evacuated with the fœces at stool.

In extra renal abscesses, without fistula, neither fœcal matters nor urine pass through the wound. In purulent collections following pyelitis calculosa, urine and sometimes one or more calculi, after the evacuation of pus, pass off.

5. Abscesses around the kidney, consecutive to abscess of the liver, cannot by means of the pus be distinguished from pyelitis and other abscesses of this region. The colour of the lees of wine which some authors attribute to the pus of hepatic abscesses, is rarely seen. The source of these abscesses may be perhaps found in the functional derangements of the liver.

6. Abscesses from congestion, supervening on caries of the vertebral column, or on tubercular affection of the spine, may be distinguished from distension of the kidney by pus, in as much as they are almost always accompanied with projections of the spinous processes of the vertebræ, and more frequently by paralysis of the inferior extremities, the bladder and the rectum; besides, these kinds of abscesses, nearly always placed behind the ascending or descending colon, form in the abdomen a tumour nearer the vertebral column, more elongated, and directed obliquely from the spine towards the crural arch. I have also seen

caries of the ossa ilia produce purulent collections which rose towards the renal region; they differ from purulent tumours of the kidneys in being smoother on their surface. Nevertheless, these abscesses and those connected with caries of the spine, or with tubercles of the lower spinal vertebræ, sometimes form lumbar tumours, which resemble extra-renal abscesses, following open renal fistulæ.

7. Blood, after a contusion of the lumbar region, has been known to be suffused in the cavity of the renal pelvis, so as to enlarge both this and the kidney. In this case, which is very rare, the cause of this disease and the habitual discharge of blood without mixture with the urine, will lead us to a true diagnosis.

8. The serous or urinary cysts of the kidneys are rarely sufficiently numerous to imitate a collection of pus. But an acephalocystic cyst in the kidney may simulate a tumour produced by pus in the pelvis. The rubbing, proper to acephalocystic tumours, can be perceived in a small number of cases only, and the evacuation of the acephalocysts with the urine, a symptom which clears all doubt in the case, takes place only after the rupture of these cysts in the pelvis.

9. Tubercular kidneys are rarely large enough to simulate a purulent distension of the pelvis and kidney. The sensation of hardness presented by a kidney filled with tubercles, is very different from that of the renal pouches filled with pus. Ramolissement of the tubercular kidneys may be followed by a fusiform abscess toward the crural arch, not only difficult to distinguish from a purulent collection in the pelvis and vicinity of the kidney, but also from abscesses of congestion supervening on caries of the vertebræ.

10. The cancerous kidney may be so enlarged that it will weigh several pounds, and form a tumour in the lumbar region. This tumour may present an obscure fluctuation, while the greater part of it is composed of blood; but frequent hæmaturias with the external characteristics of cancerous diathesis, will point out the difference between these tumours and those composed of pus in the pelvis.

11. Tumours formed by the capsulæ renales distended with blood or other fluids, are rarely large enough to simulate purulent

tumours of the pelvis and calices. For the rest, these tumours are neither preceded nor accompanied by pus in the urine.

12. Aneurisms of the descending aorta have been known to simulate abscesses, or a purulent collection in the pelvis or calices. Pulsations synchronous with those of the pulse, a sensation of expansion perceived by the hand, and in a large number of cases the blowing sound perceived on auscultation, will decide the case.

13. Enlargement of the spleen cannot be mistaken for the left kidney distended with pus. The tumour formed by the spleen is higher up in the region of the large extremities of the stomach, and projects more forwards than renal tumours; besides, enlargements of the spleen are found nearly always in persons who have long suffered with intermittent fevers; flatness on percussion is perceived from the superior part of the left hypochondriac region towards the umbilicus. The spleen is usually a solid, perceptible to the touch, either when we press on the anterior parietes of the abdomen, the thighs being flexed on the hips, or when we rub with the hand the surface of the tumour.

14. A morbid enlargement of the left lobe of the liver or of its base, in consequence of a serous or sero-purulent deposit in the right pleura, may simulate a tumour formed of pus on the right kidney; and that the more readily in as much as renal tumours always terminate by contracting adhesions to the liver.

15. Acephalocystic cysts of the liver may, to a certain extent, simulate a dilated right kidney adherent to the liver; but besides that these acephalocystic tumours of the liver are more superficial, and afford to the finger a particular rubbing sensation, they are not accompanied with purulent or bloody urine. The same remark may be made in reference to tumours of the gall bladder. These tumours, in elongating, remain pyriform, and do not project behind the loins, except when they attain considerable size.

16. I have seen tumours connected with the ovaries, projecting into the lumbar region; but these tumours more moveable than renal tumours, may generally be pressed into the hypogastric region.

17. Cysts of the cellular tissue of the abdomen and of extra-uterine pregnancies are very rare occurrences, and bear but faint analogies to tumours of the kidneys.

18. It is not always possible at the first examination to distin-

guish stercoraceous tumours, occasioned by the accumulation of fœces in the ascending or descending colon, from renal tumours, when, as in the latter cases, the lumbar regions are flat on percussion, at least on the lateral portion, when these matters are collected in greater or lesser masses, a morbid sensibility of the intestine corresponding to the kidney is found; and when seen in individuals who have formerly had functional diseases of the urinary organs, there certainly is some uncertainty in forming the diagnosis. At the same time the tumours formed in the ascending or descending colon by obstructed fœcal matters, are usually more cylindrical than renal tumours. On the right side, stercoraceous tumours often extend towards the cœcum, which sounds flat in some points, and sonorous in others, where it is distended with gas. On the left side the fœcal tumour extends to the iliac fossa, and towards the excavation of the pelvis. We often at the same time perceive that the transverse colon contains hard and solid fœces. For the rest, fœcal tumours are more common on the right than on the left side; and when they are painful on pressure or to the touch, it is more common in front than back; which is the reverse of what is observed in most cases in morbid dilatations of the kidneys, when there is not inflammation of the corresponding portion of the peritoneum: finally, fœcal tumours disappear after free purgation.

Having decided that a lumbar tumour is formed by the accumulation of a quantity of pus in the pelvis and calices, and perhaps at the same time in the extra-renal tissue, we must look for the cause of such a collection. For, before proceeding to the treatment, we must decide whether the suppuration and distension of the pelvis have followed a retention of urine, occasioned itself by a stricture of the urethra, a tumefaction of the prostate, or a paralysis of the bladder; or, indeed, whether the distension of the kidney is the consequence of an occlusion of the ureter, produced by an excrescence or by a calculus in its passage, by a tumour in its vicinity, or by calculi formed in the pelvis or calices.

The diagnosis of primitive diseases, antecedent to the pyelitis, makes it necessary to explore the urethra, prostate, and bladder, and to examine with great care the different regions of the abdomen. And this is not all, the diagnosis will be incomplete unless we proceed with the same care to the examination of the secondary diseases.

Of all the complications of pyelitis calculosa, the most frequent is nephritis. In chronic pyelitis, the progressive atrophy of the substance of the kidney renders this complication more rare and less important. We then come in the order of their frequency to diseases of the bladder, the prostate, and the urethra, producing retention and consequent disease of the kidney.

*Prognosis.*—However painful pyelitis calculosa is, in its first stage, it is generally not serious when one kidney alone is affected. The prognosis, on the contrary, in the second stage, and especially in the third and fourth stages of the chronic form, even where the patients preserve the appearance of health, and the urine is not altered except by the augmentation of mucus, is always dangerous. For supposing for an instant that the pelvis becomes accustomed, so to speak, to the presence of a renal calculus, (I have collected several examples of this kind) this foreign body, in its developement, will terminate by inducing the total atrophy of the kidney, or a complete retention of pus and urine in this organ; and should the other kidney become influenced, or the ureter become obstructed, even temporarily, by a calculus, rapid death may be consequence.

In pyelitis calculosa with purulent secretion, the prognosis, dangerous when one kidney is affected, is much more so when both are diseased. We not only expect a progressive atrophy of the kidney and the consequent diminution of the secretion, but other dangers follow the suppuration of the interior of the pelvis and other parts of the kidney, viz: the possibility of a perforation or an absorption of pus, peritonitis, pulmonary phthisis, &c. At the same time I have already remarked that in fortunate cases, the other kidney remains sound, but enlarges in proportion to the increased function assumed by the loss of the first.

The prognosis is also more or less grave, according as the pus is retained in the pelvis or is discharged into the bladder. In pregnant women the disease is a cause of abortion and premature labour. The formation of lumbar fistula may be considered favourable. Communications with the liver, lungs, or intestines, &c. are generally mortal: death is sudden when a collection forms in the cavity of the peritoneum.

A complete occlusion of the ureter, preventing the passage of the purulent urine into the bladder, if prolonged, is dangerous,

unless relief is obtained by means of a fistula. When these collections of pus are followed by blind fistulæ, the larger abscesses which form around the kidney are much more dangerous than simple dilatations of the pelvis and calices.

The prognosis in this disease is also rendered dangerous by concomitant diseases of the urinary or other organs.

*Treatment.*—At the beginning of pyelitis, and in its first stage, the nephritic pains are relieved by warm baths and mucilaginous drinks, flaxseed tea, emulsions, small beer, and laudanum, &c.; by leeches, or better by cups applied to the painful part.

When the pain is very acute and accompanied with suppression of urine, violent efforts at vomiting with a tendency to syncope, ether drinks, fomentations of assafœtida, or of the leaves of henbane, frictions of the tinctures of camphor and opium, or better, fumigations of ether, will fulfil the first indication, that of relieving the spasms, nausea and syncope.

Generally these symptoms cease after a few hours, either by the expulsion of the gravel or by its passage into the bladder. In such cases cold is sometimes useful; the patient being stripped, and his feet placed on the pavement. This practice has often been followed by the expulsion of the gravel or by the re-establishment of the urinary secretion. This expulsion is also favoured by the application of dry cups in the course of the ureter or on the perineum.

When the primary symptoms have yielded, if the gravel be not expelled, if the urine becomes charged with mucus and the case takes on the characteristics of the second or third stage, we must explore the bladder: and if a small calculus is found, it should be extracted or broken, or its expulsion should be promoted by causing the patient to drink large quantities of spring or mineral water.

Should a calculus be found in and obstructing the ureter, (indicated by the locality of the pain and diminution of the urine, &c.) we are recommended to induce vomiting, coughing and sneezing, and to induce the patient to undergo rapid movements; in this way to subject the body to concussions, in order to favour the passage of the gravel into the bladder. On this subject I would remark that I have rarely seen the expulsion of the gravel produced by either spontaneous or induced vomiting: and the patient suffers too much pain for us to induce either coughing or sneezing.

As for the cases in which the ureters are obstructed by calculi, the practice is absolutely useless and dangerous. When gravel or calculi remain fixed in the calices, the arch of the pelvis or the ureter, inflammatory symptoms thus induced may be relieved by warm baths, flaxseed tea, mineral water or wet cupping.

The sitting posture, continued for several hours, nearly always produces pain. This is a fact observed in sedentary men, engravers and others, who sit long inclined forwards. On the other hand, the recumbent posture on one side or the other, with the thighs flexed relieves the pain.

Patients should abstain from sexual intercourse. I have often found when the pain has resisted cups, that flying blisters applied to the renal region will relieve it.

We may for a time, by our treatment, relieve the inflammatory symptoms induced by the presence of gravel in the pelvis or calices; but they will always or nearly always remain charged with mucus or muco-pus. With the view of diminishing this secretion, oil of turpentine, in graduated doses, from twelve drops to a drachm per diem, for an adult, has been used. I have also used the balsam of copaiba, the prepared turpentine, a tisan of the buds of the fir tree, cubebs, &c., and I am bound to say in some cases the mucus or muco-pus has been diminished, the exacerbations of renal pain have also been less frequent. In fact, I think that the milk of anise and flaxseed water are the drinks which should habitually be used by the patient in a great majority of cases.

The second indication is the physico-chemical treatment of the renal gravel or calculi. Certain drinks which may be taken in large quantities, such as spring water, and the water of Contrexville, act mechanically in washing the calculi, carrying the smaller gravel through the ureters, and facilitating, by frequent emissions of urine, the expulsion of these bodies. The action of these drinks on the renal calculi, properly so called, is confined to so narrow a space, that in spite of all that can be said, little is to be expected from them. We must not expect too much either from the chemical action of certain substances on gravel and calculi of different compositions. Doubtless experience teaches that alkaline drinks are generally favorable in the uric acid calculi, and in pyelitis produced by concretions; but attentive observation on the action of these drinks, proves also that in gout, (a pathological condition in

which the uric acid gravel and calculi are most commonly generated,) the uric acid deposit persists after many cures by alkaline waters; and that also the continued use of these is followed by serious inconvenience.

When it is found on examination of the urine that the gravel or calculi are composed chiefly of the phosphates (at least in their exterior layers,) chemistry, properly so called, presents to us but few resources. Generally, we advise the use of carbonic acid drinks; but it is certain that these very seldom render phosphatic urine clear and transparent. For the rest, a considerable experience has taught me that an alkaline troubled urine is, if not always, at least nearly always, the result of chronic inflammation of the kidneys. We cannot expect to modify such urines by either vegetable or mineral acids; but may do it by the treatment recommended for chronic nephritis. (See chapters on oxalic, phosphatic and cystic gravel.)

In the fourth stage of pyelitis calculosa, where urine and pus are collected, and accumulated in the pelvis and calices, in a manner to form a tumour in the lumbar region, we are directed, in order to favour the passage of the pus through the ureter, to attempt the displacement of the calculus by pressure or concussion of the trunk, by long rides on horseback or in a carriage. But to suppose that a calculus can be displaced in this way, so as to allow of the passage of pus along the ureter, is to suppose that a foreign body produces no inflammation in the ureter closing its diameter. On the other hand, pressure on the renal tumour when it is already painful, would be mischievous. By this treatment we would excite inflammation, and perhaps rupture the tumour into the cavity of the peritoneum, or into the extra-peritoneal cellular tissue.

When the pus passes in small quantity every day from the pelvis into the ureter and bladder, either along a furrow which the pus and urine have formed on the calculus, or between the calculus and the ureter; if the suppuration of the pelvis be not great, and does not produce hectic fever; if the renal tumour is not painful; if, on becoming full, it easily evacuates itself by the ureter; if the neighbouring parts, the peritoneum, the liver, the spleen, present no signs of present or past inflammation, if the patient has no diarrhœa, and is not materially debilitated, we should attempt to prevent the establishment of acute inflammation in the tumour or

neighbouring parts, by rest, by the daily use of baths, by topical emollients and by a well regulated diet. We must combat by timely venesections proportioned to the intensity of the disease, and the strength of the patient, the inflammation as it is observed to occur in these tumours. Other circumstances, such as the advanced age of the patient, serious lesions of the bladder, of the uterus, &c., may reduce the treatment to one purely paliative.

But there are other conditions in which nephrotomy appears justifiable, or at least in which the opening of the pouch of the pelvis and calices, and the extra renal cellular tumour should not be deferred.

Thus, when such a tumour exists in an individual otherwise well organized; if it is habitually painful, in spite of the use of mucilaginous and oily drinks, baths and leeches, if the fever is continual or with nocturnal paroxysms; if the stomach and intestines are continually in a morbid condition; if the tumour continually painful becomes more so from the least fatigue; if this exacerbation of the renal pain is frequent, and if it be accompanied with a complete suppression of purulent urine or with symptoms of inflammation of parts in the vicinity; the operation of nephrotomy, in spite of its difficulties and poor chances, should be resorted to. With greater reason, if fluctuation is perceptible in the lumbar region; if it is evident that pus has collected between the kidney and the sacro-lumbalis muscle; and with still greater reasons, I would say, should a large opening be made without hesitation, after a secondary inflammation of the cellular tissue of this region, or what is much more common, one or more perforations of the kidney distended with pus.

Lafitte and Pouteau have opened abscesses under these circumstances. Not only did they succeed in relieving the patients, but the calculus which had induced the inflammation was found at the bottom of the fistula, and its extraction was followed by a complete cure. I would remark that I think them wrong in denominating the simple opening of the extra-renal abscess, connected with pyelitis calculosa, nephrotomy.

By my invitation, Mr. Velpeau, performed with success a similar operation on a patient to whom death without it was inevitable.

The depth of these abscesses, the softening of the neighbouring

parts, percolated by the pus, make the delay, in hopes of a *spontaneous* opening, recommended by some, dangerous.

Before treating of the different modes of opening these purulent collections, in order to get at the calculi in the kidney, and to keep open the internal fistula long enough to extract them or allow of their spontaneous exit, I will recount summarily the connection of the tumour with the neighbouring parts.

*Process first.* Incision is, of all the operative processes, that which appears to me applicable to the greater number of cases.

I will suppose a case the most difficult and most rare, that in which it is determined to open the renal pouch without an abscess in the back of the kidney. The patient placed on his well side, the body slightly bent to induce a moderate projection in the lumbar region, the surgeon after close examination of the tumour, which is pressed backwards by the hand of an assistant placed on the front of the tumour, makes an incision from above downwards, three lines from the external margin of the sacro-lumbalis muscle, and parallel to the vertebral column. This first incision commences at the inferior margin of the lower rib, and extends to the crest of the ilium, and includes only the skin and cellular tissue beneath it. By successive incisions we approach the renal tumour, examining the wound with the finger to detect the point where fluctuation is most evident. Having found this, a guarded bistoury is plunged into it, and a fresh incision made before the pus has time to escape. Then with a blunt director or female sound, we examine to see whether the calices and dilated pelvis have been penetrated, or whether we have only penetrated the abscess between the kidney and the square lumbar muscle. In this exploration great care should be observed by the surgeon. I have seen the division of a bridle or the cutting of a vessel followed by considerable hæmorrhage.

If by the index finger of one hand, passed to the bottom of the wound, while the other hand is applied to the anterior surface of the tumour, we perceive the fluctuations of a tumour between the hands, it will be evident that we have but penetrated an extra-renal tumour. Then after carefully sponging out the wound, we should pass the bistoury again into the parts, and penetrate the pelvis and calices by an opening large enough to allow of the exit of pus and the extraction of the calculi.

That which is of most consequence in such a case is to obtain a large opening for the discharge of the pus. This done, the patient should not be fatigued by prolonged explorations, with the hope of extracting calculi. Their situation in the ureter, neck of the pelvis, or in an elongated calix, may make it difficult to discover them; otherwise, should the instrument in dividing the kidney strike one of the branches of the calculus, (they are often branched,) its extraction will be difficult or impossible after a painful exploration. It will be better to wait a few days before attempting the extraction or breaking of the calculi. We should, by proper dressings, preserve a large fistula, which afterwards permits of the extraction of foreign bodies from the kidney.

When the pus collects in the lumbar region just under the skin, the operation presents at first less difficulty. When there is evidently an extra-renal abscess connected with pyelitis calculosa or a renal fistula, the instrument may be propelled at first into the abscess. The opening is afterwards enlarged by a guarded bistoury. Generally, after the discharge of a large quantity of very fœtid pus, the swelling disappears, and the finger introduced into the wound does not meet the renal tumour, but enters the pelvic opening. In this case it is useless to explore much for a calculus; it would be dangerous to introduce in the dark a bistoury into an absorbed and flattened kidney; but for all that the chances of cure are not lost. The kidney may afterwards swell at the bottom of the opening, the calculus may approach from the interior of the extra-renal abscess, and its extraction may be possible through the urinary opening, or by new incisions, as in a case reported by Lafitte.

If, after a pyelitis calculosa and a blind renal-fistula, there is formed a considerable purulent collection in the loins, and if the pus passes behind the peritoneum, and proceeds to pass out at the groin, an incision must be made parallel to the fold of the groin below the crural arch, cutting layer by layer the intervening tissues.

In these cases the patients almost always sink from the suppuration and hectic fever. Tumours formed by the enlarged pelvis and kidney, distended by pus, should never be opened in the anterior part; this would expose the peritoneum or intestine.

*Second process.*—(Incision and puncture.) We are advised not

to resort to incision, except to get as near to the renal or extra-renal abscess as possible: to cut only about one and a half inches long: to introduce a trocar into the wound until no resistance is met with: to withdraw the trocar, and allow the pus to pass off through the canula. It is also added, if the collection is very near the skin after withdrawing the canula, to enlarge the wound with a bistoury, but that it is better to retain the canula, or replace it by a gum elastic sound, if the abscess is deep, and if we are not certain that the kidney has contracted adhesions with the neighbouring parts. Finally, Mr. Howship has proposed to provide the styles of the trocar with a gutter, which, by allowing the pus to pass, will indicate to the surgeon when to retract it.

This process, less sure than that which consists in a methodic incision through the parietes of the tumour, has the inconvenience of permitting but an incomplete exploration of the abscess and of the renal pouch.

*Third process.*—(Cauterization and incision.) This process has been applied in cases where the patient would not permit cutting instruments, and in other cases where the abscesses, renal and extra-renal, passed towards the groin or iliac region. This process has the advantage of producing the loss of a certain portion of skin, to induce adhesions around the incision, a useful circumstance in the rare cases where it becomes necessary to cut into the neighbouring intestine, or even where we fear to enter into the cavity of the peritoneum.

This fear, however, need not exist if we cut on the back part of the loins. Besides, cauterization, mild in its effects, is not applicable when the tumour is distended and painful, or when there is reason to fear a spontaneous opening into the peritoneum or into the intestine.

In other cases, incision is much to be preferred, where, for instance, infiltration of pus and urine has taken place into the extra-peritoneal cellular tissue, demanding prompt evacuation. Whether we have recourse to incision, cauterization, or the two modes combined, to open these abscesses; whether we extract or break up the calculus; it is necessary to keep the external opening patulous by means of a tent, in order to allow of the free exit of pus. If, after the operation, we can neither extract nor discover the calculus: and have no better success after seven days, it is best still to retain the fistula open. Calculi have been known

to be discharged several years after the operation: and on the other hand, immediate healing of these fistulæ has been followed by serious symptoms, and even death.

I may here recall a remarkable fact recorded by Roonhuysen. After having extracted a stone of some size from an extra-renal abscess of the right kidney, he healed up the wound. The patient enjoyed good health for two entire years, but at the end of that time inflammation was established in the parts. This surgeon, not doubting but that it was caused by another stone, operated again, and extracted one smaller than the first. The wound healed and the patient did well.

In advising to open the tumours formed by a collection of pus in the cavity of the pelvis and calices, or by secondary abscesses about the kidney, I am convinced that these abscesses, unless they open externally spontaneously, are necessarily mortal. The operation itself presents no immediate dangers; the large vessels cannot be involved, especially when there is but one extra-renal abscess; there is no great hæmorrhage to fear, at least in most cases, no danger of involving the peritoneum or intestine. There is in reality against the operation only the difficulty of finding and extracting or breaking the calculi, difficulties which may be postponed, the operation being performed in order to evacuate the pus, and prevent a perforation of the pelvis and calices into the cavity of the peritoneum.

At present, when the structure of these tumours is well known, and the surgeon possesses instruments well calculated to seize and break these stones, the general objections to the operation are much diminished. We may also place in opposition to the unhappy results of the expectant practice, the remarkable and incontestible success obtained by Gaspard Bauhin,* Pouteau,† Lafitte,‡ Labatte,‖ Saure,§ Roonhuysen,¶ Colot,** Ledran,†† and many

*A girl born of calculous parents, was attacked by a tumour in the loins, after a total suppression of urine. A surgeon for two months applied, without effect, maturating cataplasms. He observed at last a very hard point in the tumour, on cutting on which he extracted two calculi, with complete success. See Schenck Obs. Medic. Lib. iii. de renibus, Obs. viii.

† Pouteau Melang. de Chir. Lyon 1760, p. 456.

‡ Lafitte, Memoir de l'Acad. Royal. de Chirur. t. ii. p. 233.

§ Labatte, ibid. p. 237. ‖ Saure, ibid. p. 236.

¶ Roonhuysen, Obs. Chirurg. Extraction de deux pierres.

** Colot de la Taille, p. 36 et 40.

†† Ledran, Obs. Chirurg. tom. iii. Obs. lxvi. p. 87.

other practitioners. Doubtless in many of these cases the operation was not exactly nephrotomy; in some the calculus extracted was in an extra-renal abscess, following a fistula of the kidney; and in other cases the calculus not being extracted at the time of the operation, it was found afterwards in the extra-renal abscess, an opening having been made in the pouch of the kidney.

But we must not pretend to perform the operation of nephrotomy—

1st. When we are certain that both kidneys are affected, and probably contain calculi, provided always, that there are no extra-renal abscesses, the perforation of which should neither be neglected or deferred.

2d. When the pus passes freely from the ureter to the bladder, when there is no renal tumour, nor immediate fears of fistula of the kidney, and especially when a favourable condition of the system leads us to suppose that the other kidney has assumed a proportionally increased activity.

3d. When there exist at the same time, incurable lesions of the bladder, prostrate, or of the intestines.

The following case, with the accompanying drawing, exhibits the history, termination, and pathology, of a well marked form of pyelitis calculosa.

*April* 26, 1848. Joseph Ridgway, aged forty years, has had disease of the urinary organs during the last ten years. A merchant by profession; dates the beginning of his disease to exposure by the upsetting of a small boat in the Mississippi, when he contracted a severe fever, ever since which his urinary organs have been diseased. His hair is black, and general appearance except the emaciation that of tolerable health. Suffers great pain in the region of the prostate gland. This has always been the case since the commencement of the disease. Discharges blood, mucus, pus and sand, the four layers forming sometimes one fourth of the fluid evacuated. Can scarcely walk; the least jar in stepping downwards produces great pain, and always in the prostate gland. Lies in bed on his left side. The urine on the application of heat and nitric acid, presented *no albuminous flocculi.* Has to evacuate his urine, sometimes, every fifteen minutes. Has been under the care

of numerous physicians and surgeons both in this city, and south and west. A distinguished surgeon considered, about three years ago, his disease to be one of the prostate gland, and applied by means of a port caustic the nitrate of silver to the parts. Great irritation resulted from this.

*April* 29. The patient suffers great pain, and is continually pulling the penis, and every five minutes straining over the urinal to evacuate a small quantity of pus, urine and blood, which are very offensive, being of a strong ammoniacal odour. The tongue red, the pulse quick, the skin dry. Directed him to use warm water and thin mucilaginous injections, and apply a large poultice to the perineum.

30*th*. Less pain and difficulty in urination ; continue treatment.

*May* 1. I made an examination of the urethra, bladder and prostate, by introducing a smooth metallic sound through the urethra ; the latter appeared particularly tender near the bladder, but presented no real obstruction to the passage of the instrument. On passing the index finger of the right hand into the rectum, the patient in a standing posture, the curve of the sound could be very distinctly felt in the bladder, and the prostate gland did not appear at all enlarged or particularly tender on pressure. The inflammation of the late exacerbation having apparently subsided, I directed an injection of the acetates of lead and morphia, into the bladder, first washed out with a little tepid water. The patient has been in the habit, in the exacerbations, for the last three years, of drinking freely of Bedford water, which, by increasing the watery portions of the urine, diminishes its acridity and relieves the intense pain. This to be drank pretty freely.

5*th*. Much relieved; less pain; the urine much freer from lateritious and other deposits.

8*th*. Continues to improve under the use of the injection : the urine almost as clear as healthy urine, the sediment now is very dark, and does not exhibit that thick mucous deposit which has heretofore adhered to the urinal like a coat of jelly, when the other portions were poured off. Very little pain, retains the urine three, four or more hours, and at night gets up but once to urinate. Walks about the house very well.

11*th*. Continues in the same favorable condition.

23*d*. Sulphate of iron, gr. viii; sulphate of morphia, gr. iii;

pure water, f.ʒ iij, were directed as an injection in order to relieve what I conceived to be an inflammation of the bladder. This agreed very well with the parts, and was continued with some unimportant modifications up to

*June 20th*, when another exacerbation came on. The tongue became furred, and the pain in the bladder increased, particularly in the region of the prostate, on which he habitually pressed with one hand, and also pulled the penis; this being the only way in which he could relieve himself. He always lay on the left side, and suspecting from the beginning, disease of the kidney, I found by pressing on the lumbar region, from behind forwards, that tenderness and some pain were experienced in the left kidney; otherwise no pain or uneasiness was experienced in this region. The injections of lead and iron were stopped, and those of slippery elm and flaxseed, with morphia, substituted, with partial relief; morphia and black drop were used by the mouth up to the 30th of this month, when a blister to the sacrum and a mild cathartic moderated the symptoms.

*July* 3. Diarrhœa has set in, and hiccough, with continual pain, invariably in the bladder. Hoffman's anodyne and other things were used in vain for the hiccough.

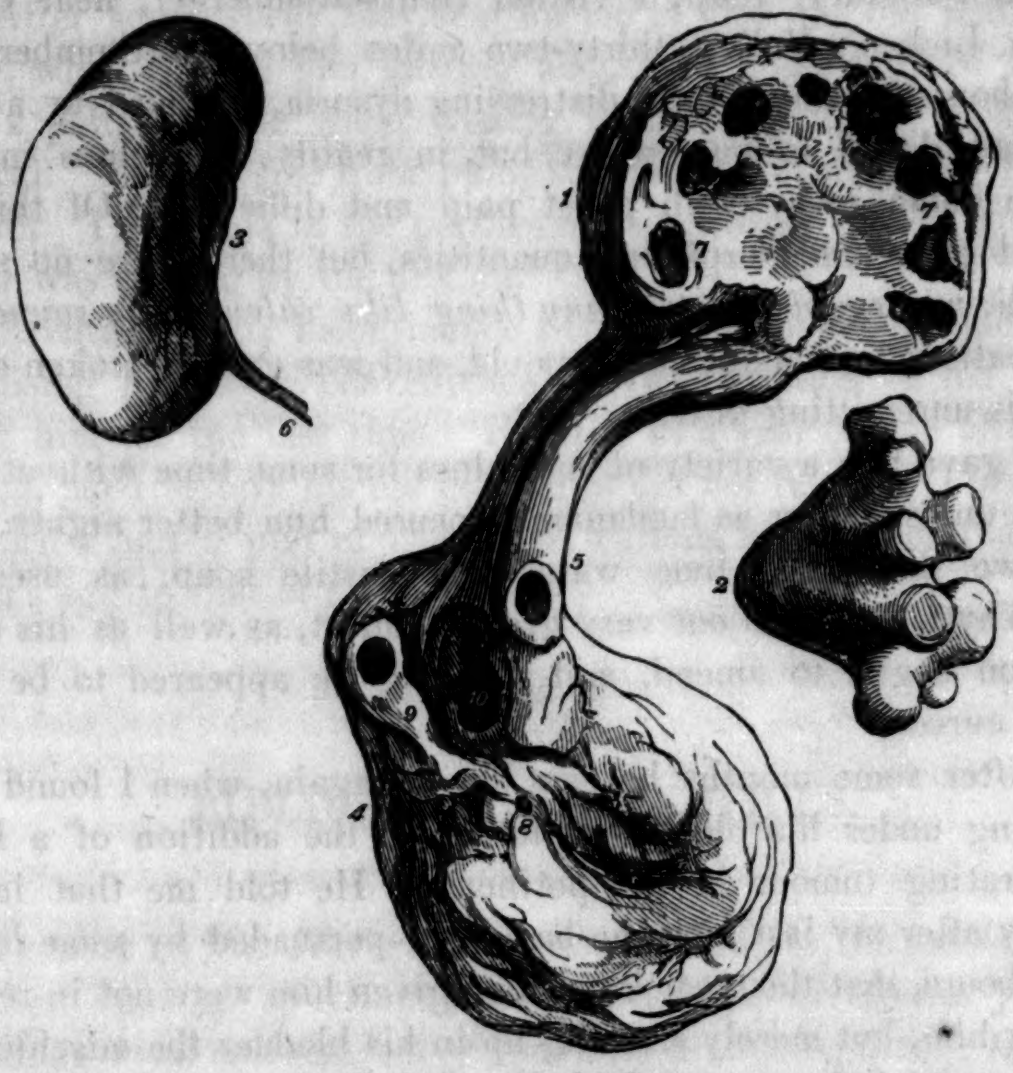
7*th*. Diarrhœa ceased, hiccough continues; sinking.

9*th*. Died without much pain, apparently from exhaustion. Eighteen hours after death a post mortem examination in the presence of several pupils and physicians, and members of his family, disclosed the following appearances. The left kidney small and reduced to a mere sack, containing in the pelvis and calices a stone, which was the exact shape of these cavities. The ureter enlarged at least six times its normal size, inflamed and tortuous, terminating in a sack or cavity about the size of a hen's egg; which again opened into the bladder in the usual place of the urethral opening. The bladder itself contracted and very much thickened, of a red, verging into, and in the vicinity of the mouth of the urethra over the prostate, a purple colour. The lining membrane of the bladder thickened and covered with a muco-purulent, bloody and sandy matter.

The prostate gland normal in size and consistence. Strong adhesions existed around the left kidney, ureter and the bladder.

The right kidney was hypertrophied and adherent to the lower

portion of the duodenum and to the ascending colon; also placed nearly transverse in regard to the spine; highly engorged with blood, but containing no pus or sabulous matter, as was the case in the other kidney. The ureter natural. The plate represents these parts reduced about three-fourths.




*References to the Cut.*

1, the diseased kidney, laid open, exposing the calices and pelvis.

2, the calculus taken from the interior of the kidney of which it is an exact model. The several projections correspond to, and fill up the calices.

3, the right kidney very much enlarged and placed across the spine.

4, the bladder, turned partly inside out.

5, the enlarged ureter.

6, the ureter of the opposite kidney not enlarged.

7, the calices in which the projections of the calculus were formed and found.

8, the internal opening of the urethra.

9, the termination of the diseased ureter, opening into

10, the cavity in the bladder at the junction of the ureter with it. The divided ureter produces the two openings at No. 5, and No. 9; but terminates in No. 10, the sack; which latter opened into the bladder by a long slit.

The following case,* by my friend Dr. S. Jackson, late of Northumberland, in which the culculi, after forming a tumour in the perineum, passed out by the ulcerative process, shows one of the several directions mentioned by Rayer, in which these bodies find their way to the surface.

"In February, 1819, I visited Henry Romberger, near Gratz Town, Licken's Valley, thirty-two miles below Northumberland. He laboured under a most distressing dysuria, attended by a very frequent desire to pass water, but, in reality, a sabulous mucus, which came away with great pain and difficulty. Of this he passed great and surprising quantities, but there were no small calculi, *nor could I detect any thing like calculus by sounding.* The patient was about 65 years old, and was greatly broken down by this unremitting distress.

"I gave him a variety of medicines for some time without any relief, unless so far as laudanum procured him better nights. At last we prescribed lime water and castile soap, as used by Dr. Whytt, when, to our very great comfort, as well as his own, he soon began to amend, and ere long he appeared to be perfectly cured.

"After some months he sent for me again, when I found him suffering under his old complaint, with the addition of a large suppurating tumour in the perineum. He told me that immediately after my last visit, he had been persuaded by some of his neighbours, that the medicines I had given him were not in reality curing him, but merely shutting up in his bladder the mischievous matters which had previously come away, in so salutary though painful a manner, and that he ought to take a certain weed in order to discharge them; that having taken the said weed for some time, as advised, his complaint returned, as had been intended, when at last he came to his senses, and perceived the mischief he had done; that a second use of the soap and lime had entirely failed; that he had been suffering most severely, for several days, with the perineal tumour. I recommended him to go on with Whytt's remedies, and to apply a poultice to the perineum.

"In a few days his son came to me in Northumberland, with information that the tumour had discharged a large quantity of

* American Journal of Medical Sciences, August, 1838.

pus mixed with calculi, one of which, as large as a robin's egg, he held in his hand.

"I gave him directions about his father's diet; desired him to return to me, *pro re nata*, and that meanwhile he should use the lime water and soap.

"After some weeks they sent for me to visit the old man once more, when I found him moving about the house clothed in his wife's petticoat, the water coming by drops perfectly clear and natural. He was free from pain, and fast recovering his former health. The fistula in the perineum had entirely healed, and the water was coming by the urethra.

"A cure for this incontinence I considered hopeless, and after promising him some convenience for the reception of his urine, I left him for the last time. He died in a year or two after this period, but I believe his old complaint did not return. There was at least a half a pint of calculi, of various sizes, from that of a robin's egg to that of a pea."

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## BIBLIOGRAPHICAL NOTICES.

*A Treatise on the Nature of Seminal Diseases, Impotency, and other kindred affections; with practical directions for the management and removal of the cause producing them; together with hints to young men.* Illustrated by numerous engravings. By Homer Bostwick, Surgeon. Second edition. 12mo. pp. 251. New York, 1848.

*A complete practical work on the Nature and Treatment of Venereal Diseases, and other affections of the genito-urinary organs of the Male and Female.* Illustrated by a great number of beautifully coloured plates, and many finely executed delineations on wood. By Homer Bostwick, M. D., author of a Treatise on the Nature and Treatment of Seminal Diseases, &c. &c. &c. 4to. pp. 348.

It has been a serious question with us, whether we ought to notice these productions, proceeding, as they do, from an author whose advertisements for practice are prominently displayed in the

columns of the New York newspapers. They have been sent to us, however, for comment, and we, consequently, esteem it a duty, for more reasons than one, not to pass them by unheeded.

The first of the volumes is manifestly written for the unprofessional, as well as for the professional reader. "The sick, however," says the author, "must not expect to find in this volume a key by means of which they can successfully treat themselves. It is impossible to furnish the unprofessional reader a work that will allow him to dispense with the services of the experienced surgeon."

We have looked over the pages and find great inaccuracy of statement on points on which every tyro is expected to be informed. Thus, speaking of the semen, the author says:

"In castrated animals, and in eunuchs, the vesiculæ seminales are small and contracted; and a little *lymphatic liquor*, but no semen is found in them. The semen is detained for some time in the vesiculæ seminales, and rendered thicker from the continual absorption of its very thin part, by the *oscula* of the lymphatic vessels." p. 22.

What is meant by a "little lymphatic liquor," and by the "oscula of lymphatic vessels," to which no one now concedes open mouths?

In chaste men—we are informed—the greatest part of the semen "is again gradually absorbed from the vesiculæ seminales through the lymphatic vessels, and *conciliates* strength to the body."—"The smell of the semen is specific, heavy, *affecting the nostrils*, yet not disagreeable."—"The smell of the semen of quadrupeds, when *at* heat, is so penetrating as to render their flesh fœtid and useless, unless (qu. the flesh) castrated."—"The taste of semen is *fatuous*, and somewhat acrid. In the testes its consistence is thin and *diluted*. Semen, when exposed to the air, at length "deposits phosphate of lime and a *corneous* crust."—"By æthereal oil it [semen] is dried into a pellucid pellicle, *like the cortex of the brain.*"

The author is a believer in the exploded doctrine of impregnation by the aura seminis, and other equally strange notions:—

"The *odorous principle*, or aura spermatica, only appears to penetrate through the cavity of the uterus and Fallopian tubes to the female ovarium, and there to impregnate the albuminous latex of the mature ovulum by its vital power. The other principles of the semen appear to be only a vehicle of the seminal aura. In chaste

men, the semen returning through the lymphatic vessels into the mass of the blood, gives strength to the body and mind; hence the bull is so fierce and brave, the castrated ox so gentle and weak; hence every animal languishes *post coitum*."

The spermatic "animalculæ" (*animalcula*) were discovered—we are told—by a student at Leyden named "*Horn*" (*?*) In erection the male organ "*swells* and distends in all directions. It becomes *swollen*, stiff and hard."

The following sentence must be ranked amongst the palpably obscure:

"The ovaria are two small bodies formed of two membranous envelopes, and a fluid which runs into a mass, and becomes hardened like albumen. They are situated on each side of the womb, in the cavity formed by the bony structure called the *pelvis*. These vessels [qu. ovaries] appear to contain the rudiments of the germ, and to bear to women the same relation that the eggs do to birds, fishes, and reptiles."

Women, who are barren from want of development of the ovaries, are described as having "a harsh voice, hair on the chin and lips, and want of feminine delicacy of form. The clitoris, in such cases, is unnaturally large, and *inclinations manifest themselves, which has given rise* to the idea of hermaphrodism in many cases, where such a supposition is not correct."

"The most favourite theory" [of fecundation] "has been, that the uterus or womb absorbs the semen, and directs it to the ovaria through the Fallopian tubes; and that one of *their vesicles* being ruptured, the *fluid which escapes*, or the vesicle itself, is *carried back* to the womb, where the germ becomes developed."

"On the whole, then,"—the author concludes—"we must rest content, that this is one of the mysteries of our nature, which we can never fathom. Like the *rationale* of vegetating and other marvellous productions, *the fecundation of the human uterus* lies, and must be, far beyond our ken."

The author then proceeds to arrange and classify, under their appropriate heads, the different species of seminal disease; for which, he informs us, "the widely extended experience" he has "enjoyed in the management of the 'Medical and Surgical Institute,' has afforded ample materials." But we have presented extracts enough to render him full justice, as regards the style and accuracy of his materials; and we can afford space only to say, that in his large volume, he has been, on many points, more correct.

"The chapters describing the male and female organs of generation, have been selected mainly from Bell." He has evidently gone to a considerable outlay in regard to the numerous illustrations, some of which, he says, he has "borrowed from the great work of Ricord, others from Acton and Judd," and some he has had copied directly from life. "I have intended"—he remarks—"to make this the most elegant and accurate medical publication that has ever been issued from the American press, and I do not hesitate to say, that the plates will bear a favourable comparison with the finest artistical productions of London or Paris." We would not institute comparisons which, as Dogberry remarks, are "odorous," but every one must admit that most of the lithographic illustrations are creditable to the artist. Some of the wood-cuts are, however, contemptible.

We have been at a loss to determine whether this work also was not intended rather for the public. Perhaps the following advertisement, copied in fac simile from the New York Courier and Enquirer of the 21st ult., may tend to throw light on the subject.

DR. HOMER BOSTWICK,
LECTURER ON DISEASES OF THE GENITO URINARY ORGANS.
*Author of a Complete Practical Work on the Nature and Treatment of Venereal Diseases.*
Quarto, 77 splendid plates.

Extracted from the Boston Medical and Surgical Journal :—"It is illustrated by extraordinary specimens of colored lithography, equalling copper engravings in the delicacy of their finish. And it is a striking evidence of the indomitable perseverance of a man who seems to possess an unconquerable energy that will enable him to leave his foot-prints in society, so that he will be spoken of when the memorials of him are only to be found in the libraries of those who know not that he was both censured and envied while living. Without attempting a minute comparison of this Venereal Guide, with European publications on the same family of diseases, it may be said FEARLESSLY, that this is DECIDEDLY, and WITHOUT QUALIFICATION, equal to any of them. The plates in Acton's Treatise are not equal to these. By contrasting the two volumes, both the matter and the manner of giving instruction, in our humble estimation, should be accorded to the New York press. Dr. Bostwick has done the profession a good service, and nothing can prevent this able work from being spread over the land, as the fact can neither be denied nor concealed, that he has produced a thorough, well-digested, systematic treatise, which far surpasses any thing of the kind, on this branch of practice, heretofore attempted in this country."

Author of a treatise on the nature and treatment of Spermatorrhœa or Seminal Diseases, resulting from self abuse.
Impotency, and other Kindred Affections, 251 pages, 14 plates.
Author of a work entitled Hints to Young Physicians.
Author of the Family Physician,
And Attending Physician and Surgeon to the New York Medical Institute, 75 Chambers street; removed to 504 Broadway, eight doors above Broome street,
Where he may be consulted any time between the hours of 8 o'clock in the morning and 9 in the evening, and where any of the above works may be had. Also for sale at 155, 161, 222, 252, 575, 633 Broadway.

The usual monthly reports of this institution, enumerating cases cured, will not be published for the present, HOMER BOSTWICK, M. D., 504 Broadway.

*An Analytical Compendium of the various Branches of Medical Science, for the use and examination of Students.* By JOHN NEILL, M. D., Demonstrator of Anatomy in the University of Pennsylvania, Lecturer on Anatomy in the Medical Institutes [Institute] of Philadelphia, &c.; and FRANCIS GURNEY SMITH, M. D., Lecturer on Physiology in the Philadelphia Association for Medical Instruction, Fellow of the College of Physicians, &c. Small 8vo. pp. 964. Philadelphia, Lea & Blanchard, 1848.

We do not share in the opinion entertained by some, that compendiums of science are not desirable, or with the still smaller number, who esteem them useless. On the contrary, when well executed, they are of essential service to the student; and, so far as we have seen, most of them have contained an amount of information, which older individuals—even they who disparage them—may be presumed to be far from possessing. Taking the work before us we can certainly say, that no one who has not occupied himself with the different scientific treatises and essays that have appeared recently, and has withal a rare memory, could pretend to possess the knowledge contained in it; and hence we can recommend it to such—as well as to students especially—for its general accuracy and adequacy for their purposes; and to the well-informed practitioner to aid him in recalling what may easily have passed from his remembrance. We regard such books as infinitely better than those on the "grinding" plan of question and answer; in which much space is taken up with the questions; whilst the answers must necessarily be brief. Their whole arrangement is, indeed, adapted rather for *cramming* the superficial than for conveying expanded information. But even those we do not consider useless books; and, instead of being fastidious as critics on such productions, we are really thankful to their authors, who have bestowed so much time and trouble upon them; for not one, perhaps, has appeared which has not been of some value in imparting knowledge to a greater or less number; and they who think otherwise had better refrain from purchasing them, rather than endeavour to prevent others from doing so. What may be useless to them, owing to the real or fancied extent of their information, may be of moment to others who are less endowed perhaps, but certainly more modest. There is a marked

difference between a book that may be esteemed unnecessary, and one that teaches erroneous doctrines, and is therefore pernicious: the former may be tolerated, if not encouraged; whilst the latter ought to be discountenanced by all.

The authors of the "Compendium" before us are well adapted for the task they assumed. Dr. Neill is the Demonstrator of Anatomy in the University of Pennsylvania; and Dr. Smith is Lecturer on Physiology in the Philadelphia Association for Medical Instruction. The former, we have always heard, is a zealous and able teacher of practical anatomy, and has already published on his favourite branch: the latter, we know to be an accomplished gentleman; an assiduous instructor; and an active cultivator of the departments of medical science to which his attention has been especially directed.

The volume before us—the title of which is not, we think, the most classical—is formed ot various "Handbooks"—to adopt an old Saxon and modern German word, which we prefer to "Manuals." We say the title is not the most classical. Passing by the typographical error which we have noticed in the heading to this article, we think the expression "for the use and examination of students" equivocal. The authors doubtless mean for the use of students, especially of those about to be examined; but the sentence means rather for the *use* of students and for the *examination* of students. But passing over this—what may be regarded hypercriticism—we may state that the separate "Handbooks" are, 1, On Anatomy; 2, On Physiology; 3, On Surgery; 4, On Obstetrics; 5, On Materia Medica and Therapeutics; 6, On Chemistry; and, 7, On the Practice of Medicine—the various branches, in short, that constitute the curriculum in our best medical schools. All these are bound together in the volume before us; but each may be purchased separately. They are richly illustrated by wood-cuts; and are carefully, and, generally, correctly, written. In one or two instances, we have noticed inadvertencies, or what strike us as such. For example, we do not clearly see what the author of the Handbook of Anatomy means at page 67 by the term "fasciculus."

"Every muscle," he says, "is composed of a number of bundles" [i. e. fasciculi] "of fibres, each of which consists of filaments; each filament is divided into fasciculi," [i. e. bundles] "and

each fasciculus consists of a number of *primitive particles* or *sarcous elements*, held together by a tough, delicate, and elastic membrane called *sarcolemma.*" p. 67.

And he elsewhere states,

"An anastomosis is the interchange of fasciculi between two trunks." p. 155.

In the Handbook of Materia Medica it was, of course, convenient—indeed, necessary—to adopt some classification. We have never placed much stress on any one in particular; but agree with the author in preferring a physiological arrangement. We are by no means, however, satisfied with the details of the one he has adopted, which is essentially that of Dr. Pereira. We may instance the first class of *cerebro-spinants;* of which he makes five orders—1, Paralysers; 2, Convulsives; 3, Stupefacients; 4, Sedative stupefacients; and 5, Delirifacients—which we have always regarded, no matter by whom made—as calculated to force remedial agents into unnatural and therefore unjustifiable positions. The same applies to the second class *Stimulants*, of which he has two orders—1, Antispasmodics or Nervous Stimulants—as if all so *called* antispasmodics—for we deny that there is such a *thing* as a *direct* antispasmodic—must be necessarily nervous stimulants; and 2, Arterial Stimulants, in which all so called "stimulants" or "excitants" are comprised.

But if no other objection were applicable to the classification on which we are animadverting, it would be that three of the most potent articles of the materia medica—mercury, iodine and arsenic—are at the very end as "medicines not classified," whilst other agents that are equally considered to act upon the system of nutrition are placed under other heads; sarsaparilla, for example, under that of Diaphoretics! The author of the Handbook, however, is only to blame—if blame is to be attached to him—for having followed others in what we think is "more honoured in the breach than the observance."

We repeat our favourable impression as to the value of this book, or series of books: and recommend it as decidedly useful—to those especially who are commencing the study of their profession. We are confident that it will lead them safely in the true path—certainly on almost all the topics embraced by it.

*An Inquiry into the degree of Certainty in Medicine; and into the Nature and Extent of its powers over Disease.* By ELISHA BARTLETT, M. D., Professor of the Practice of Medicine in Transylvania University; Member of the American Academy of Arts and Sciences, etc. etc, pp. 84. Lea & Blanchard, Philadelphia: 1848.

This is a curious production, the like of which we have seldom seen from the pen of any one who had passed the age of a sophomore. What makes it the more remarkable, is the circumstance, that the writer is a gentleman of education and experience, and the author of works which have given him a wide reputation. We shall attempt neither analysis nor criticism of the essay; but that our readers may see what a learned and grave Professor *can* write, when he is in the mood, we quote a few passages, which may be regarded as fair specimens of the whole—so like the rest, indeed, that the difficulty is to know what to extract as the most characteristic.

In the preface we have the following apology, or attempt at apology, for the style in which the work is written. It reminds one of the sailor's apology for swearing—"I know it's bad to swear, your Reverence, but it's *damn'd* hard to help it."

"Some of my readers, especially the more staid and older ones —my esteemed and venerable seniors and cotemporaries—may think, perhaps, that I have now and then suffered myself to be seduced into dangerous proximity to the boundary line which separates good taste and simplicity from their opposite qualities. If I have done so, it has been from yielding to an impulse, excited and kindled by the task in which I have been engaged, and which I found it difficult to resist. If the drapery of our philosophic muse wears a somewhat warmer and livelier hue than the sober colouring which more appropriately belongs to it, it has been caught from the sunny fields through which her pathway has lain. If the axle of our car has now and then waxed fervid, and if an occasional gleam of light has flashed from its flying wheels, let us at least plead, in extenuation of the weakness, that it is not from the careless rein, or any perilous speed with which our coursers have been driven, but from the glowing and radiant atmosphere through which we have been carried along.

"There may, possibly, be others, who will say that my advocacy of the claims of medicine is more zealous and earnest than is becoming in one of its practitioners and teachers. I can only answer, that I do not think so. I speak for the art and the science,

not for myself. This art and science have been violently, and I think, blindly and unjustly assailed, by parties who understand neither their own strength and position, nor ours. I have endeavoured to make fair and manly stand against them, and I have done nothing more. When crowds of epauletted and bedizened coxcombs, who have never smelt gunpowder, make the air clamorous with their noisy boastings, the war-worn and scar-covered veteran may, at least, point to the trophies that he has brought from a hundred battle-fields."

In the course of his argument on "the degree of certainty in medicine," the author introduces pneumonia, and the results of various modes of its treatment, when we meet with the following logical conclusions:

"Let us endeavour to see what is the precise character of the evidence contained in the foregoing statements, that we can control and cure pneumonia. Let us analyze, as far as we can, this evidence, and reduce it to its elements, in order to determine its nature, and to fix its degree of positiveness.

In the first place, it is entirely certain that many cases of pneumonia terminate naturally and spontaneously, so to speak, in health, quite independent [independently] of any active medical treatment. This is not a matter of inference merely, or probability, but of positive certainty, ascertained by ample and conclusive observation. I need here only refer to the cases reported by M. Grisolle. *How many* cases would so terminate, it is of course quite impossible to say. The proportion is probably large; it is certainly very considerable. For instance, every thing that we know of the disease leads to the conclusion that nearly all cases of moderate or average severity, occurring from the eighth or tenth to the twenty-fifth or thirtieth year of life, in persons of sound constitutions, and up to the time of attack in good health, would, under the ordinary precautions of rest, regimen, and so on, terminate spontaneously in recovery. Such, at least, is the general tendency and the general result in these cases. This conclusion rests upon the fact, that many such cases have been known to recover without any active treatment; and that under various, and in some degree, opposite modes of treatment, the mortality in this class of patients is almost always very small.

"In the second place, it is as certain that some cases of the disease will terminate fatally, notwithstanding any assistance which art may furnish, and in defiance of this assistance. Under all modes of treatment—positive or negative—heroic or expectant—that have ever been adopted, however skilfully and judiciously applied, numerous cases of the disease have always terminated, and still continue to terminate, in death. In the actual state of our knowledge, there

are many cases over which art has little or no control; at least, not enough to prevent their fatal issue. And here it is important to observe, that everything in the natural history of pneumonia, and in the analogies derived from other diseases, leads to the conclusion that these cases are, as Sir Gilbert Blane said of the worst forms of yellow-fever, '*determinedly fatal*,'—terminating, not contingently and accidentally, or through want of knowledge and skill, but necessarily and inevitably, in death. There is good reason for believing, not that they are fatal through our ignorance—merely because we have not yet discovered the means of curing them—but that they are fatal in the nature of things, and by their own constitution. There is every reason for believing, not that we have failed to find the means of curing them, but that there are no such means."

The sum of the argument is, that in some cases the disease "terminates naturally and spontaneously, so to speak, in health, quite independently of any active treatment;" and that there are others which are "determinedly fatal"—"terminating, not contingently and accidentally, or through want of knowledge and skill, but necessarily and inevitably, in death;" and, "Finally," says our authour, "there is a third class of cases, occupying the ground between the two foregoing classes, and not tending necessarily in one direction or the other—not terminating naturally in recovery, nor inevitably in death. It may be impossible to predicate this of any given individual case of disease; indeed, the very constitution of this class of cases renders it so. Their termination is contingent; it depends upon circumstances; and we cannot know, absolutely, that any given case of this class, terminating in death, would, under any circumstances, have terminated otherwise." So it would appear, from the author's shewing, that the certainty of medicine consists in its uncertainty!

We have only room for one more extract. It is the concluding part of the author's peroration; and if every one who reads it, when he arrives at "*the everlasting stars*," does not throw up his cap, and shout long live the profession, and long live Dr. Bartlett, there is no use in the axle of an author's car waxing fervid and flashing light from its flying wheels!

"With these convictions of the powers and capabilities of our art, and of the general worthiness of its practitioners, we may rest assured, if we are only true to ourselves and to it, that the regard in which it has been held since the days of Hippocrates is in no

danger of being permanently withdrawn. We must needs be visited occasionally by medical as by manifold other delusions; but it is a part of their nature always to pass rapidly away, and to be soon forgotten. They are like fluttering eddies that cross the main current of the Mississippi or the Amazon; to him who happens to be caught in the tiny whirlpools they may seem like the majestic tide of the great river itself, but they are soon inevitably lost and swallowed up in the rush of its resistless waters, to appear and be seen no more. No, there is no danger. The work of two thousand years is not to be demolished by the noisy clamor of a few penny trumpets. As certainly as there is truth in the foregoing inquiry, will the present feeling of distrust towards our science and our art pass away. The ancient confidence will be restored; the old love will come back again, truer and deeper for the transient and passing estrangement. The constellations themselves—Orion and the Pleiades—are sometimes apparently blotted out from the heavens by the gorgeous glare of rockets and other artificial fireworks, kindled with sulphurous and nitrous compounds; but, courage! my friends, and a little patience—the show will soon be over; the parti-coloured flame that would rival and eclipse the planets is even now dying away; all that will remain of the blazing illumination will be some noisome gases in the atmosphere, and a few burnt out sticks on the ground; but lo! still looking down upon us, with their dear old smile of affectionate recognition, from their blue depths in the firmament, undimmed in their brightness and unchangeable in their beauty, the everlasting stars."

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*The Philosophy of Marriage, in the social, moral, and physical relations; with an account of the diseases of the Genito-Urinary Organs, which impair or destroy the reproductive function, and induce a variety of complaints; with the physiology of generation in the Vegetable and Animal Kingdoms; being part of a course of Obstetric Lectures delivered at the North London School of Medicine, etc.* By Michael Ryan, M. D., etc. etc. *From the last London Edition.* 18mo. pp. 285. Barrington & Haswell. Philadelphia, 1848.

Dr. Ryan is the author of several works on medical subjects, in all of which we find his peculiar traits as a writer—learned, acute, often eccentric in his opinions and modes of expression, and never remarkable for order.

The present work has passed through four editions in London, which is some proof of its popularity: but whether its patrons have

been members of the profession, or its circulation has been less restricted, as would seem from its character to have been the design of the author, we are not advised. For laymen it contains wise counsel as well as valuable information, but it also contains a great deal that is unfit for the eye of an uneducated reader. Members of the medical profession will find in it much that is curious and entertaining, as rare cases, anecdotes, recondite opinions of eminent men, interspersed with useful medical instruction.

About two years ago, a garbled edition of this work was published in the city of New York, under the title of "Mysteries of Marriage," with an obscene frontispiece, and a *Preface* (American) in full character with the licentious engraving. Of course only such parts were embodied in that edition as were likely to minister to the depraved curiosity of the class of readers for which the edition was designed. The present edition, as any one may suppose from the character of the publishers, is free from these objections. It is a reprint of the work as put forth by the author, without abridgement, note, or addition of any kind. Still, from its many objectionable features, we cannot help regretting that it should have been honoured by a republication in any shape.

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# THE MEDICAL EXAMINER.

## PHILADELPHIA, NOVEMBER, 1848.

### THE CHOLERA IN ENGLAND.

We have had repeated rumours within the past few weeks of the appearance of this scourge in England, but at last, we regret to say, we have it announced in a way that leaves no room for doubt, that it has manifested itself in various places.

The steamer Europa, which arrived at New York on the 24th ult., having sailed from Liverpool on the 10th, brings the authentic intelligence. The following extract from Wilmer & Smith's Journal, will show its progress up to the date of the steamer's departure:

"THE CHOLERA IN ENGLAND.—We regret to state that the scourge which, during the last few months, has desolated the eastern parts of

Europe, spreading its ravages from Cairo to St. Petersburg, and lingering within these few weeks at Hamburgh, has at length, as anticipated, reached the shores of Great Britain. It is now officially declared by the Registrar-General that the Asiatic Cholera has appeared in the metropolis, and well authenticated cases of the malady are reported from Sunderland, Shields, Hull, and Edinburgh. The disease made its appearance almost contemporaneously in Sunderland and in the low lying districts below London Bridge. In both places the first cases were those of intemperate sailors who came from Hamburgh, and were attacked by the malady on the voyage. As regards Edinburgh, the origin of the disease is left in doubt.

"The official report of the Registrar-General in London, reported 13 cases up to Saturday last. In Edinburgh, up to the latest report, there had been 25 cases, 20 of which had proved fatal. Up to Wednesday in the present week, the number of cases in London is alleged to be about 20, but a daily official report is not yet issued. The authorities in all parts of the country seem to be taking the most zealous precautions to counteract, prevent, and remedy this dreadful malady, which we earnestly hope will make but a brief visit to our shores. The alarm is greatly diminished respecting its destructive effects amongst the great body of the people, and we trust, with the extensive arrangements made to check its progress, that the limits of its mortality will be confined to the seaport towns, and that the great manufacturing hives of industry will be spared this frightful addition to the many sufferings they have lately experienced."

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### EDITORIAL CHANGE.

Professor Lee, the learned and industrious editor of the New York Journal of Medicine, has retired from its management, and is succeeded by Dr. William Purple. Dr. Purple has for some time past assisted Dr. Lee in his editorial duties, and therefore enters upon his task ready harnessed for the work. While we congratulate Dr. Lee on his escape from the tripod, we sympathize with his successor in his mishap—for so we fear he will find his new *honor*, as he now probably deems it, but his *great trouble*, as we ween it will turn out. But notwithstanding our doubts, he has our best wishes and hearty welcome.

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### HAMPDEN SIDNEY COLLEGE, AT RICHMOND, VA.

We have learned with regret that Dr. Cullen, Professor of the Theory and Practice of Medicine in Hampden Sidney College, has been obliged to relinquish the duties of the chair for the present, on account of indisposition. The institution has been fortunate, however, in obtaining the services of Dr. Meredith Clymer, of this city, for the present session. Dr. Clymer is an accomplished and well-read physician, was formerly editor of this journal, more recently Professor of

the Practice of Medicine in the Franklin Medical College of Philadelphia, and is advantageously known to the profession by his valuable contributions to medical literature.

The Faculty of Hampden Sidney have been amongst the most strenuous defenders of the doctrine that students should study only in a southern school, to be qualified to treat southern diseases, but we are glad to find that the disqualification only extends to *schools*, and does not include *professors*. Our acquaintance with Professor Clymer enables us to say, that a short time will suffice to prove to his colleagues that he is entirely capable of treating, and teaching others how to treat, the diseases of that or any other section of the country.

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## RECORD OF MEDICAL SCIENCE.

*A simple method of relieving retention of Urine in disease of the Prostate Gland, or in injury of the Urethra, when Hæmorrhage from either the prostate or lining Membrane of the Urethra takes place.* By M. C. Bernard, M. B., L. R. C. S. I., &c., Medical Superintendent to the Dundrum Dispensary, County Dublin.—It is well known to every practical surgeon, the distress which patients labouring under disease of the prostate gland constantly suffer from retention of urine. This retention, which is for the most part caused by mechanical obstruction, (the walls of the urethra being either close together by the swollen prostate, on the one hand, or the third lobe overlapping in a valvular manner the entrance of the urinary passage on the other,) may often be easily removed by a manœuvre first suggested by Mr. Hey, and now well known to every surgeon—viz., by withdrawing the stilet when the instrument has passed the membranous portion of the urethra, whereby the top of the catheter is tilted into the bladder. Leeches to the perineum, the hip-bath, and anodyne enemata, are also useful auxiliaries to allay the inflammation and irritation which generally attends on these cases.

There is not, perhaps, a gland in the body more susceptible to changes in volume from atmospheric influences, than the diseased prostate. If a patient, who is afflicted with this complaint, gets even an ordinary cold, he is sure to suffer from an aggravation of all his symptoms. The prostate gland, already in a state of hypertrophy, becomes inflamed and congested: sometimes a permanent varicose state of the gland may supervene. In this altered state of the parts, the walls of the urethra are so closely brought in contact, that the patient with all his efforts cannot pass one drop of urine; often, in his vain efforts to micturate, the overloaded vessels of the

distended prostate will give way, and hæmorrhage to a considerable extent may take place either into the urethra or bladder.

Under circumstances of this description, there is often considerable difficulty in passing an instrument into the bladder, and when the surgeon succeeds in introducing the ordinary gum-elastic catheter, he may find to his disappointment, after withdrawing the stilet, that not one drop of urine will pass: in fact, the instrument becomes choked with coagulated blood. Exactly the same thing may occur after you have succeeded in passing an instrument into the bladder, either in rupture of the urethra from accident, or where a false passage has been made by a forcible attempt to introduce a catheter.

The means I successfully adopted under a similar difficulty may be best understood by the narration of the following case.

On the 21st of April last, I was called on to see Captain P., ætat. 64, labouring under retention of the urine, with diseased prostate: he was suffering great pain. Having allowed the water to accumulate for upwards of thirty-six hours, obtaining occasionally a little relief by the urine passing in drops, I introduced a large sized gum-elastic catheter into the bladder with the greatest ease, and drew off nearly two quarts of urine of a dark chocolate colour, which afforded instantaneous relief. As my patient lived at a distance, I was unable to see him more than once or twice a day; and as the calls to make water were frequent, I instructed his son—an intelligent young man—in the mode of using the instrument. After a few days a gradual amendment took place in all the symptoms. Early on the morning of the 12th of May, my immediate assistance was again requested. The son informed me that his father had got cold on the previous evening; that he could not succeed in passing the instrument into the bladder; and that after each attempt, the instrument was filled with blood. When I saw my patient, he was pale, shivering, and in intense agony, the whole body being bedewed with a cold perspiration. He implored to be relieved immediately from his distress. After a little manœuvring I passed the ordinary full-sized gum-elastic catheter into the bladder: not one drop of urine, however, would flow, and upon withdrawing the instrument, I found it blocked up with coagulated blood. As the symptoms were now of an urgent nature, I sent off a messenger for a syringe, with the intention of injecting tepid water into the bladder and dislodging the blood from the instrument. In the mean time I thought of a simple expedient: I took a gum-elastic catheter of large calibre, without its stilet, and introduced into it (in the same manner you would put your finger into a glove) another catheter armed with its stilet, and of sufficfent size to fill completely the larger one. I passed this double catheter with the greatest freedom into the bladder, and had the happiness to find upon withdrawing the smaller one, that the urine flowed in a full stream, at the same time giving my patient immediate relief from his protracted suffering.

I have brought forward this case principally with the view of showing how little dependence ought to be placed, especially in cases

of emergency, in the ordinary gum-elastic catheters, which are sold at the surgical instrument makers. At a time when so much ingenuity is shown in the improvement of the lithotrite, surely the gum-elastic catheter—an instrument in such constant use—ought to receive some attention and care in its manufacture. Those in ordinary use are accompanied with stilets, which do not half fill up the catheter: in some, the stilet does not go even to the end of the instrument: in others, on the contrary, it is too long, and possesses a resilience which causes it to rebound from the catheter when it commences its circuit under the arch of the pubes, so that unless great caution is used in attempting to adjust it, the stilet may be thrust through the eye of the instrument and lacerate the urethra. To avoid accidents of this nature, the stilet should be made to fill the catheter completely. The late Surgeon Colles, in his lectures published in the Medical Press, vol. xii. No. 288, in speaking of disease of the prostate gland, says—"If you must use a stilet, let it be an inflexible one, and one that fills the catheter completely: one made of brass is best." Surgeon Wilmot, in his lectures on the same subject, and published in the same invaluable journal, advocates the same principle. He says—"I was not long in practice when I found the inutility of the slender and flexible stilets which are sold along with the instruments."

The double catheter which I employed in the above mentioned case, independent of its preventing coagulated blood from blocking up its cavity, appeared to have another great advantage over the ordinary catheter. It seems to glide into the bladder with greater ease, and to cause less pain and irritation. I can account for this circumstance in one way only—that this double instrument combines within itself the properties of both the bougie and catheter, and possesses the softness of the one as well as the inflexibility of the other.

In the construction of the large sized gum-elastic catheter, I am of opinion that both of these indications may be fulfilled, simply by making the walls of the catheter (which are composed of web silk) of much thicker consistence, at the same time that its brass stilet should be carefully made to fill completely its cavity.

A catheter made in this way will glide into the bladder with great ease and freedom, and there is no possibility of its cavity becoming obstructed with coagulated blood.—*Dub. Med. Press.*

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*Treatment of Pruritus Ani et Vulvæ.*—M. Cazenave treats the above obstinate symptoms by one or other of the following lotions:

| | | |
|---|---|---|
| 1. | Subcarbonate of potass, - - - | ʒ ij-ʒiv. |
| | Distilled water, - - - - | ℥ xvj. |
| 2. | Sulphuret of potass, - - - | ʒ j. |
| | Distilled water, - - - - | ℥ x. |
| 3. | Cyanide of potassium, - - - | grs. ix. |
| | Distilled water, - - - - | ℥ viij. |
| 4. | Bichloride of mercury, - - - | grs. iij-iv. |
| | Distilled water, - - - - | ℥ viij. |

***Ranking's Abstract.***

*Note on the Dressing of Blisters.* By Douglass Maclagan, M. D. —I have for some years been in the habit of dressing blisters in a way not, I believe, generally adopted, but which I am induced to bring under the notice of the profession, as I have found it very convenient in practice. It consists merely in substituting, as is done in burns, dry cotton wadding for the ordinary dressing with healing ointment. When I order a blister, I generally direct that after it has been applied for the requisite number of hours, it shall be removed, and the part covered for two hours with a soft warm poultice of bread and milk. The effect of the poultice generally is to make the vesication more complete, and at the same time to moderate the tenderness of the blistered part. When the poultice is taken off, the vesication, if it has not burst spontaneously, is to be cut so as to discharge the serum, and then a thick layer of soft cotton wadding applied over the part with the undressed or woolly surface next the skin. If in the course of a few hours this should become soaked with the serous discharge from the blister, so much of the cotton may be removed as can be done without disturbing the loose epidermis beneath, and the whole again covered with a dry layer of cotton. This is all the dressing which is in general requisite. The cotton is allowed to stick to the skin of the blistered part, and when a fresh layer of epidermis is formed, which takes place very readily, the old epidermis and cotton come off together, leaving a smooth whole surface below.

The advantages which I have found this plan to offer are—first, that it renders the blister much less painful and annoying to the patient than when unguents are used. The tenderness in fact is comparatively so trifling, and the protection by the cotton so good, that I have been enabled without annoyance to the patient to percuss freely, and apply the stethoscope firmly over blistered parts, which had been dressed but an hour or two previously; secondly, the blisters heal faster under it than under dressings with cerate; for, although the cotton may remain adhering for some days, I have generally found that within twelve hours the patient ceases to feel the blister a source of annoyance. Lastly, it dispenses with the greasy applications so disagreeable to patients of cleanly habits.

The above plan has appeared to me particularly serviceable in an application of blisters which I am frequently in the habit of making—viz., to the treatment of ringworm. When this troublesome disease exists on the scalp in one or two detached spots, and more especially when it appears on the face, neck, or arms, it may, if taken in time, generally be cured in a few days, and prevented from spreading by blistering the surface *thoroughly*, and dressing the blisters with the cotton. A small cantharides plaster a few lines larger than the affected spot is much more efficient and manageable than the acetic acid, nitrate of silver, and other caustics frequently in use. I have seen very ugly sores formed on the neck of delicate females where caustic had been applied to the eruption, but I have never seen any bad effects follow the application of the blister, and the disease on this part of the body is generally cured by one application. I have seen it, however, fail

on the scalp from this part, being less easy to vesicate thoroughly. Unless the whole affected surface is completely blistered, the disease is not cured, and therefore, where the eruption has been allowed to spread over a great part of the scalp, the blistering plan will not succeed, and would constitute a very severe and formidable plan of treatment,

Where, instead of wishing to heal a blister soon, the object of the practitioner is to keep it open, as in the endermic application of remedies, there is occasionally some difficulty experienced in maintaining a free raw surface. A little management will accomplish this. The blister should be somewhat larger than the surface which it is intended to keep open. When it has been kept on for the requisite time, the part is to be poulticed, especially if it has not risen freely. The whole loose epidermis is then to be removed, which a steady hand with a pair of forceps and scissors can accomplish, without causing more pain than follows the mere exposure of the raw surface to the air.

When a medicinal substance is to be applied, it is to be sprinkled over the raw surface, and the part covered for about two hours with a pledget of simple ointment. At the end of this time savin cerate is substituted for the simple dressing, and is to be maintained until the time when a second dose of the medicine is to be applied. The simple ointment is again laid on as before, and again alternated with the savin cerate.

By following this method, I have obtained satisfactory results from the endermic application of strychnia in neuralgia, and although I have applied the blister on the cheek in females, I have not found that it left any permanent mark on the part. I have generally used two grains of strychnia diluted with six or eight grains of white sugar, and divided into twelve powders, one of which may be applied night and morning. In several cases of severe neuralgia of some years standing, I have succeeded in giving great relief to the patients. In three instances, females of different ages, exemption from paroxysms of pain lasted between two and three months. I cannot say that I have been able to trace a radical cure directly to the strychnia, but it has appeared to me that the exemption from suffering for so long a period, has enabled them by out of door exercise and other means, to obtain an improvement of the general health, which has been followed by the ultimate removal of the disease.—*Edinburgh Monthly Journal of Med. Science.*

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*Asiatic Cholera.*—The event which has been so long anticipated has at length occurred, for well-authenticated cases of cholera have been reported in London and one or two other places. The first note of alarm was sounded at Hull, where some sailors died in a few hours "with all the symptoms of the Asiatic disease." Edinburgh was shortly after seized with terror from the rport of five cases having occurred there; and while we were looking with some degree of consternation towards the northern capital, "Great Babylon" herself was invaded by the erratic pestilence. Upon a close investigation of the

Hull cases, however, it is evident that the mortal symptoms resulted more from the violation of the hygienic rules than the direct attack of an epidemic pestilence. Beer and plums taken in immoderate quantities by individuals exposed to atmospherical vicissitudes, and called to undergo a considerable amount of bodily fatigue, will at any time set up a gastric irritation not easily allayed; and it would be an insult to science to assert that these cases were produced by contagion or infection. Medicine has made too much progress within the last few years to be panic-stricken by such occurrences as these, for it is an attribute of ignorance to feel alarm where there are no just grounds for it. Even the first Edinburg cases have been considered of a doubtful character; and we must, therefore, conclude that as yet only a few cases of true Asiatic cholera have occurred in our country.

To what cause, then, are we to attribute these cases? Has the disease been imported, as we are compelled to believe, if we adopt the theory of its being contagious? We have no proofs whatever that this is the case: and facts connected with the history of Asiatic cholera, furnished by men who have had the most extensive opportunities of studying it, prove incontestably that it is not what we commonly understand to be a contagious malady. We have here all the analogies of an epidemic,—originating in the East, extending from one country to another, till people of almost every language have felt its power. When it visited this country seventeen years ago the profession was unprepared for its attacks; it was supposed to be a malady which gave its victims no warnings of its approach, and, like the plague which once swept off its tens of thousands in this metropolis, threatened destruction to all who touched the sick. Viewed through the mists of ignorance, it assumed the most horrible forms, and men, frightened out of all propriety, adopted the most extraordinary expedients to escape its attacks. The armies of some European countries were drawn up in battle array against it; their bristling bayonets were passed as easily and as swiftly as the wind. Quarantines were established in vain; and pesthouses to which the victims were removed, offered no security to those in health by their isolated positions. Wherever the disease appeared it bade defiance to all human efforts; and, when it seemed wearied with slaughter in one place, it passed on to another to execute there the work of death.

Since 1831 we have become better acquainted with cholera, and it is found not to be half so terrible as was supposed. Instead of making its attacks suddenly, it gives warnings of its approach; instead of being contagious, it is simply an epidemic; instead of resisting the judicious application of medicine, it is amenable to treatment.

There is one well ascertained fact, in reference to cholera, which is calculated to remove all improper fears, and with them the barbarous precautions which have been adopted to arrest its progress, and that is its non-contagiousness. Acting upon this doctrine, the Board of Health has not thought fit at the present time to recommend the establishment of cholera hospitals, though the Government still appears disposed to put in force, to some extent, the quarantine laws. If

cholera is not contagious, then quarantine, should be dealt with in the same manner as pesthouses—done away with.

The following observations have been published by the Central Board of Health, Dublin :—

"It seems to be a well-established fact, and one that cannot be too strongly impressed upon the minds of the people generally, as upon this fact depends the best hope of successfully contending with the disease, that in nearly all cases of cholera there are two stages of the disease, the first being merely diarrhœa, or simple looseness of the bowels; the second being the stage of collapse, or blue cholera, marked by cramps, failure of the circulation, lividity of the skin, cold, clammy perspiration, and all the other well-known symptoms of the disease. In the first stage of the disease medical treatment is frequently successful; in the second stage too often of no avail.

"The first stage, diarrhœa, or mere looseness of the bowels, may be of only a few hours' duration, or may continue from one to several days. It is most important to bear in mind that this diarrhœa may be entirely without pain; indeed, it most frequently is without pain, or merely accompanied with trifling griping or uneasiness. This absence of pain, or the little accompanying uneasiness, has too often thrown the patient off his guard, who has thus neglected the warning of his danger, and has allowed the time for cure to pass by.

"It may be safely asserted that, during the prevalence of an epidemic of cholera, diarrhœa, or looseness of bowels, which is free from pain, is more dangerous, more likely to be the first stage of the disease, than diarrhœa accompanied with griping or pain. Let it, then, be clearly understood that, when the epidemic is prevalent, mere looseness of the bowels, with or without pain, may be the commencement or first stage of cholera—that the disease is generally curable in this stage, and that not a moment should be lost in applying for relief.

"To afford this immediate relief, the commissioners of health recommend that every existing medical institution, whether hospital or dispensary, should be open day and night during the prevalence of cholera to all applicants, without distinction, where all who apply should obtain, without a moment's delay, advice and medicine; and from which all the poor who may be unable to leave their dwellings may be visited with promptitude, and supplied with medicine at home, or transferred, if requisite, to hospital.

"To effect these objects the following arrangements are recommended :—

"1stly. The prescribing-room of every medical institution, whether hospital or dispensary, should be open day and night, without intermission, during the prevalence of cholera, and a medical officer should be in constant attendance to prescribe for all applicants.

"2dly. Each hospital and dispensary should have a certain district allotted to it, and the attending porter or clerk should keep a book in which he should enter the names and residences of all applicants for relief within the district who are unable to leave their homes.

The book should show the time of application, and the name and residence of the patient.

"3dly. A second medical officer should be constantly in readiness to receive the names of all such applicants, and to proceed without delay to visit them. The visiting physician, instead of writing a prescription at the residence of the patient, should be provided with a small portable pocket medicine-box, containing the medicines most generally required, made up in such a form as to render their administration as speedy and as simple as possible. Such portable medicine-boxes can be procured at a very small cost, or may be made up, on an emergency, of pasteboard, or thin board, or tin, in the form of a book about seven inches long, four inches broad, and one inch deep, with one of the sides to fold back or open on hinges. The services of an apothecary will be required to keep up a constant supply of the medicines required, made up ready for use. The medical officers will generally give formulæ for the medicines they deem best. The following may, however, serve as an example of what should be generally provided in the pocket medicine-boxes. The most portable forms for the medicines are selected; the directions should, as far as practicable, be printed.

"Powders.—Carbonate of ammonia, in waxed papers, each paper containing forty grains, with the following printed directions on the outside:—'Dissolve this powder in a half pint of water; give two tablespoonfuls every hour.'

"Powders.—Compound powder of chalk with opium (pulv. cretæ c. opio), in packets each containing six papers, each paper containing ten grains of the powder, with printed directions:—'One powder every half hour until the looseness ceases.'

"Pills of powdered opium, each containing one quarter of a grain of opium, and two grains of powdered ginger, made up with the oil of peppermint. The pills to be in boxes, each box containing six pills, with a printed label:—'Opium pills, one every half hour until the looseness ceases.'

"Pills of mercury and opium, each containing one quarter of a grain of calomel, two grains of hydrargyrum c. creta (mercury with chalk), and a quarter of a grain of opium, made up with oil of caraway (which will serve to distinguish them from the plain opium pills), in boxes, each containing six pills, with a printed label:—'Mercury and opium pills, one every half hour.'

"Bottles (one or two ounce phials, with cork stoppers).

1. Containing tincture of opium (laudanum).
2. " Hoffman's liquor.
3. " tincture of rhatany.
4. " creasote.

Along with the box should be carried a small jar of strong brown mustard.

"The visiting physician should also be furnished with printed forms, for the removal to hospital of patients who are destitute of assistance in their own dwellings; in short, every measure should be adopted

that will obviate the least delay. It may be necessary in some instances to establish temporary district dispensaries ; but it is most desirable, for reasons already given, that the permanent institutions should be first made available.

" It is not within the purpose of a communication such as this to go into details of treatment. There are, however, two points on which the commissioners of health feel it will not be out of place to give an opinion, viz., the employment of frictions and the allowance of drinks to the sick. The commissioners cannot recommend that fluid applications of any kind should be employed in frictions on the body or limbs, as the cold consequent on prolonged exposure and evaporation more than counterbalances any supposed good effect from friction, which, if at all used, should be made with the warm hand without disturbing the bedclothes. The commissioners also advise that when patients suffer from thirst they should in general be permitted to drink freely, as experience shows that the denial of drink does not check vomiting, while it increases very much the suffering of the patient from the burning thirst that so often accompanies the disease."—*London Medical Times.*

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*Report of an Extraordinary Double Birth.* By W. F. Askham, Esq., Surgeon, Eckington, Derbyshire.—I was called upon, on the 3d of February last, to attend a healthy young woman, then in labour of her fourth child, and according to her own statement, at the full period of utero-gestation. As there had been hæmorrhage to some extent previous to my arrival, I at once made an examination, and found the presentation a natural one, and the labour so far advanced, that nothing but an active pain or two appeared wanting to complete it. These soon came on, and the head was expelled, and almost immediately afterwards the shoulders, without difficulty. During the passage of the breech, however, I discovered something unusual; but before I could satisfy myself what it was, another vigorous contraction of the uterus took place, and the whole was expelled.

I was surprised to see a *lusus naturæ* of a very extraordinary character—two apparently well formed, but still born children, united from the sternum to the lower part of the abdomen, or rather, to the umbilicus—the one a male, but the other without any external organs of generation, or anus. When laid on a table, they lie nearly face to face. Examined internally, the following appearances presented themselves : —

Each child has its separate spine, one of which is considerably distorted by lateral curvature. There are two sterna, one forming the anterior, and the other the posterior bonndary of the cavity which contains the thoracic viscera of both bodies, and is divided, vertically, by a fibro-tendinous membrane. One of the hearts—for there are two—is as large as a pullet's egg ; but the other no larger than a hazel nut. Each body has its set of lungs. The œsophagus of each passes into the stomach proper to it. Both duodena are natural at their origin, but soon unite and form one canal ; and at their junction they receive the ductus communis choledochus. This common intestine is continued for about two feet,

when it expands into a triangular-shaped sac, of considerable size, from each of the inferior angles of which a small intestine issues, that on the left side continuous with a colon, cæcum, and rectum; but the other terminating shortly in a pouch, without any outlet that can be discovered. The abdominal cavity is common to both bodies. The liver is divided into two large lobes, each having a gall-bladder and duct; and the ducts unite before entering the intestine, at the point where the duodena join, and form one canal. The kidneys of the left child are large; those of the other, small. The bladder of each is normal. There is one placenta, and one funis; and the latter, at its point of insertion into the umbilicus, is of very considerable size. The right child has the imperforate anus, and the small sized heart and kidneys; and it had also on one hand an extra thumb. In other respects it much resembles the other, and is of equal size and development. The smaller heart is perfect in structure, the auricles and ventricles being quite distinct; and the different vessels arising from it are as large as those arising from the more fully developed heart of the other child. The blood vessels have not been further examined, from an unwillingness to injure the preparation. I may add, that notwithstanding it is the woman's opinion she had attained to the full period of pregnancy, my own is, that she was three weeks or a month short of it at the time of her labour.—*Lancet.*

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*Case of General Anasarca, with Albuminous Urine, in an Infant ten weeks old.* By W. Bird Herapath, M. B., Surgeon to St. Peter's Hospital, Bristol.—March 17, 1848. Mrs. Penfold brought her infant to me, complaining that it had "swollen very much all over." This state came on gradually about a fortnight ago, and she could assign no cause for its appearance. It was a male infant about ten weeks old; the whole surface had a peculiar anæmic aspect; the eyelids were transparent and swollen from œdema; the face was also somewhat anasarcous. The inferior extremities and the hands showed this condition the most; they were at least double the usual size, and pitted deeply upon pressure.

The child's health did not appear to be otherwise disordered; it ate its food well, and took the breast also; it was by no means a restless child, for she had generally "very good nights" with it. The mucous membranes all appeared in good order; there was no bronchitis nor other symptoms of catarrh. It generally made plenty of water, and appeared to thrive very well until this came on. At a subsequent period I obtained a small quantity of the urine, it was clear, but high colored, and deposited abundance of albumen, with nitric acid, and heat.

These symptoms gradually became worse, in spite of all treatment; occasionally all the swelling disappeared, but it soon returned. I saw the child frequently, but never found the albumen to decrease in the urine. Its food appeared to do it no good; the nutritive function was decidedly interfered with.

About the latter end of April the infant became drowsy and comatose, and the anasarca was at this time worse than ever; convulsions ensued and rapidly carried it off.

The infant died twenty-four hours after their first appearance; it was then four months and a fortnight old.

*Post-mortem* examination, May 1st, 1848. A most careful examination was instituted. The whole thoracic and abdominal organs were perfectly healthy in structure; the kidneys had not the slightest approach to granular disease, and no structural cause was elicited for the death of the little patient. All the organs were remarkably anæmic and pale; I never saw an instance in which there was so great a deficiency of colouring matter. Had the patient been slowly bled to death, it could not have been more bloodless and pallid; the liver alone had any appearance of blood in its tissues. It was in a slight degree congested in the hepatic venous system.

*Remarks.*—The treatment consisted at first of diaphoretics. Antimony and nitric æther, combined with small doses of tinct. of digitalis, were first administered, and a warm bath every other night during five minutes. Some little benefit was derived from this mode of treatment, but eventually it was of no service. The nitro-hydrochloric acid was then tried, and the mother fancied more benefit was obtained from it than from the other attempts. This was continued for about three weeks, but after this I saw no more of the child until called upon to give a certificate of its death, when I of course demanded an examination of the body. Anæmia appears to have been the cause of the general anasarca, but the mal-assimilation of its nutriment was probably the primary cause of the albuminuria and anæmia consequent upon it.—*Prov. Med. nnd Surg. Journ.*

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***On the Preparation of Hydrargyrum cum Creta, and Hydrargyrum cum Magnesia of the Dublin Pharmacopœia.*** By M. Donovan, Esq., M. R. I. A.—The hydrargyrum cum creta of the Dublin Pharmacopœia has been known for a century under the name of mercurius alkalisatus. About half a century since it was no longer in use, and was all but forgotten in this country, until the appearance of the Dublin Pharmacopœia of 1807, when it was revived, and a duplicate preparation unnecessarily introduced, in which the only difference was the substitution of magnesia for chalk. A process was given for both of these preparations, which consists in triturating two parts each of mercury and manna with a few drops of water until the metallic particles disappear. An eighth part of chalk or common magnesia is then to be thoroughly mixed in; warm water is to be added in order to wash away the manna; and the ablution is to be repeated several times. Up to this period the process goes on smoothly enough: but we are then directed to mix in seven-eighths more of chalk or magnesia with the wet sediment. Here lies the difficulty: the moment the trituration is resumed, the moisture, which kept the minute metallic globules from coalescing, being absorbed by the magnesia just added, running mercury begins to reappear, and shortly it amounts to the original weight as nearly as could be expected. I once had a trial made of two ounces of mercury which was triturated with manna-syrup for thirty days, during three hours each day, yet at the end of that period, on adding the magnesia, mercury instantly

reappeared in globules, and without any difficulty more than an ounce of metallic mercury was recovered. But this was far from being the total obtainable quantity. In another case, sixty grains of metallic mercury were triturated with manna-syrup during two hours every day for twenty days; yet, at the end of that time, no less than fifty-four grains of running mercury were recovered. It must be supposed that there was more metallic mercury present which could not be recovered, owing to the very great ratio of magnesia which entangled the minute globules. In short, not more than three grains of mercury could have been oxidated, if there was any, which I much doubt, for some of the missing quantity must have been the impurities of the mercury, and for other reasons presently to be assigned. But even if there were three grains oxidated, an ounce of mercury would, according to the pharmacopœial process, and at the rate above mentioned, require nine years for its total oxidation.

It is almost inferrible *à priori* that, in this preparation, the mercury is not and could not be oxidated. Each globule is enveloped in a coating of viscid syrup, which adheres with force, and effectually prevents the contact of the atmosphere, even although the globules were at the surface. Whence, then, can it derive its supply of oxygen? the metal is incapable of decomposing water, and therefore cannot be supplied from this source.

The impracticability of preparing the hydrargyrum cum magnesia, or the hydrargyrum cum creta, by the formula of the Dublin Pharmacopœia, has compelled apothecaries to obtain their supply by other means than preparing it themselves. The apothecary purchases from his druggist, and the druggist from the manufacturer, who prepares it according to his own formula.

Being anxious, a few years since, to discover how the manufacturers manage to prepare these articles, I procured samples from several sources and examined them with some care. I found that the samples generally contained about half the quantity of mercury which the Pharmacopœia directs, and that it was in the metallic state.

This and other considerations induced me to try a simple process for the production of these preparations. In the first place, I ascertained that the circuitous process of first extinguishing the mercury by means of manna, and washing the latter away, was not attended with any advantage; that simple trituration of the magnesia or chalk answered the purpose of extinction completely, and with very little trouble, provided that one particular was attended to—namely, a proper ratio of mercury to chalk. If the ratio of the Pharmacopœia be employed, it will be found that the extinction of the mercury, proceeding rapidly at first, will by degrees become very slow, and that a small quantity of running mercury will remain, the extinction of which will cause excessive trouble. This fact at once suggested to me that if the quantity of chalk or magnesia were increased, the trouble of the process would be proportionally diminished. Accordingly, when I triturated equal weights of mercury and chalk, I found that the whole of the mercury disappeared in about three hours trituration:

and this is obviously the process of the manufacturers. Their preparation is not much more than half the specific gravity of what we obtained by the pharmacopœial process, but it is much superior for reasons that will presently appear.

The hydrargyrum cum creta, or cum magnesia, is frequently prescribed in pills, and it is common to direct the mass to be made with mucilage or syrup. But when the ratio of mercury to chalk or magnesia, directed in the Pharmacopœia, has been observed, as soon as mucilage or syrup is added and mixed, almost the whole of the mercury reappears in large globules: and hence either of these simple additions may actually render these medicines powerless. Aqueous liquids will produce the same effects. Conserve of roses, if added in so small a quantity as to form a pilular mass, will do the same injury: but if in quantity sufficient to make the mass very soft, the necessary portion of conserve, being added *at once*, the mercury does not reappear. The most certain medium for forming a mass is very soft extract of gentian, or some other extract which can communicate body. It is hazardous for a prescriber to direct this powder as an ingredient in pills which contain other articles, as it is scarcely possible to foresee in what case it may be rendered utterly inert. The most certain formula is a *soft* bolus, made with conserve of roses previously softened with syrup. If the bolus be made tough, even with these ingredients, the mercury will in all probability be revived.

When hydrargyrum cum creta, or cum magnesia, is prepared with **twice as much of the earthy carbonate as the Pharmacopœia directs,** the foregoing inconvenience and injury are lessened, but are not obviated. Mercury will generally reappear when the powder is moistened, but its quantity will be much less, and by perseverance in mixing with the other materials, if any, the mercury may be again extinguished. This and the greater facility of production are the grounds of preference to which allusion was just now made, in describing the process of the manufacturer.

I have heard persons declare that they had succeeded in preparing these powders rigidly according to the Pharmacopœia; I have solicited the favour of a sample, but as yet without having obtained it.

Notwithstanding the existence of the mercury in the metallic state in hydrargyrum cum creta, or cum magnesia, even when rightly prepared, we are not to conclude that these preparations are inert; on the contrary, they sometimes evince considerable activity on certain constitutions. The mercury exists in the metallic state even in the best prepared mercurial ointment, yet no one doubts its efficacy. The vulgar opinion that metallic mercury is inert, is erroneous, unless the assertion be confined to running mercury. When minutely divided, it is far from being inactive: witness the ptyalism, often alarming, produced by fumigations, in every one of which the mercury is in the metallic state, no matter whether the fumigating substance had been an oxide placed on a hot iron, or a sulphuret mixed in the substance of a candle.

The complaint against the hydrargyrum cum creta, or cum magne-

sia, is that the process of the Dublin Pharmacopœia is very troublesome; that it does not succeed; that the resulting powder, when employed in extemporaneous pharmacy, changes its nature more or less, is sometimes very active, sometimes inert, and produces great inconvenience by the revival of a variable quantity of running mercury Besides all this, no two manufacturers employ the same ratio of materials, as will be evidenced by analysing different samples.

The question may be asked, what is the use of making these powders into pills: they are but another form of blue pill, the mercury is exactly in the same state in both; whatever one does, when exhibited as a remedy, so must the other; with only this difference, that one is highly inconvenient both in preparation and exhibition, and the other unexceptionable in either way.

In fine, I suggest that if either of these powders is to be retained in the forthcoming Pharmacopœia, and one of them is quite sufficient, the process should be remodelled. Dry trituration of the materials will suffice, and the ratio of the absorbent earth employed should be doubled, if not tripled.—*Dublin Medical Press.*

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*Increase of Suicide in France.*—According to some statistical tables for the year 1846, recently published in France, it appears that suicide has been for some years progressively on the increase in that country; and as we infer from the report to an amount greater than would be indicated by the increase of population. The number of suicides amounted in

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|---|---|---|
| 1841 | to - - - - | 2814 |
| 1842 | to - - - - | 2886 |
| 1845 | to - - - - | 3084 |
| 1846 | to - - - - | 3102 |

Amongst the suicides in 1846, were 27 children from 10 to 15 years of age, 139 between 16 and 21 years, 443 from 21 to 30 years, 1,214 from 30 to 50 years, 513 from 50 to 60 years, 403 from 60 to 70 years, 209 from 70 to 80 years, and 51 above 80 years. Suicides are more frequent in spring and summer than in winter and autumn. The months of June, July, and August, produced 940. Those of March, April, and May, 904. Those of September, October, and November, 654; and those of December, January and February, 604. Strangulation and suspension were the means most frequently employed by the suicides of 1846 to terminate their existence: 1,077 had recourse to it; 1,036 drowned themselves; 222 suffocated themselves with charcoal, and 429 used fire-arms. Amongst the suicides recorded in the year 1846, more than a quarter, viz., 888, were caused by insanity. The other cases arose from various causes. Physical sufferings and domestic unhappiness, pecuniary embarrassment, and the fear of distress, are the most frequent.

It further appears that the number of accidental deaths during the year 1846, amounted to 7,558: of which 3,861 were caused by drowning, 624 were crushed to death by carriages, and 45 were caused by railroad accidents.—*Medical Gazette.*

*On the Acidity and Alkalinity of certain of the Human Fluids in the state of Health and Disease.* By M. ANDRAL.—In their physiological conditions, each of the humours of the body presents a certain degree of acidity or alkalinity; and the spotaneous transformation of a naturally acid fluid into an alkaline one, or *vice versâ*, never takes place in the healthy organism. The utmost that can occur in this respect, is the rendering the fluid temporarily neutral by great dilution, as in the case of excessive perspiration—the water being then abstracted from the blood in larger proportion than the other principles. However this may be in health, the opinion is very generally entertained that in disease such change in the humours does often take place; and the object of this paper is to investigate its accuracy.

Of all the fluids of the economy, the *serum of the blood* is the most decidedly alkaline; and whatever the nature of the disease or its duration, in which M. Andral has examined this fluid, he has never found the intensity of this reaction sensibly vary. Vogel quotes a case of metro-peritonitis from Scherer, in which the serum of the blood was said to be perfectly neutral, but adds, that he himself had never met with any thing similar. If blood is examined after death, any acidity then found is the result of decomposition, and not the effect of disease. In examining the condition of the fluids formed from the blood, it should be borne in mind that upon the same surfaces liquids possessed of different reactions may be found; so that the accidental predominance of one of these fluids may easily be mistaken for a change in the reaction of another. Thus the sweat is acid, but the sebaceous matter is alkaline. In the very various conditions in health and disease under which M. Andral has examined the sweat, he has found it generally acid, sometimes from dilution neutral, never alkaline; but at the same time, at some parts of the skin, where sebaceous follicles abound, as the axilla and other hairy parts, an alkaline reaction may exist. It is evident, then, that the sweat is not a simple escape of the serum of the blood, charged with certain of its principles, for then it would be alkaline; and if the skin be irritated by blisters and the like, the fluid consequently effused will be found decidedly alkaline. So is the fluid found in herpes, eczema, pemphigus, &c., vesicular diseases preceded by more or less congestion of the skin; and it remarkable that the contents of sudamina, which unlike these are preceded by no congestion, are acid, being also destitute of albumen, which is found in the others. Although sudamina are usually accompanied by excessive sweating, cases of typhoid fever are sometimes met with where this is not the case.

Still more remarkable is the difference of the reactions of the various fluids found on mucous membranes, giving rise to considerable chance of error. Throughout their whole extent, they furnish, like the skin, an acid principle, which exists in the transparent fluid, destitute of globules, which they normally separate from the blood; but when this fluid is replaced by one of an opaque appearance and containing globules, secreted under the influence of acute or chronic inflammation, the reaction becomes decidedly alkaline. Few animal fluids are so strongly alkaline as that furnished in coryza; and in bronchitis the acid and alkaline are not unfrequentlyfound together, and yet remaining quite distinct, in their transpa-

rent and opaque forms. The mucous membrane of the mouth and tongue, too, offers varieties of condition. Examined in the morning, before food is taken, in the vast majority of cases, the fluid covering it is acid; but examined later in the day this is found to be alkaline. In the first case, it is due to the presence of the mucus; in the latter to that of the saliva. The acidity of the mouth is then no indication of a morbid condition of the stomach, occurring as it does in the healthiest persons, and in every variety of disease, and being distinct in proportion to the length of time food has been abstained from, and the secretion of the salivary glands has remained unexcited. The mucous membrane of the stomach, examined after death, generally furnishes an acid, sometimes a neutral, but never an alkaline reaction; and this whether it yet contains the remains of food, or whether digestion has been long suspended. How are we to reconcile this with the results of experiments which declare the fluids of the organ to be alkaline, save when stimulated by the presence of food or foreign bodies? This is not the case in man; for in the most opposite forms of disease the author has found acidity; and the great majority of matters rejected during life manifest the acid reaction. It is not rare to find this also in the duodenum and upper portions of small intestine; although these are often rendered alkaline by the arrival of the fluids from the liver and pancreas. Throughout the large intestine there is always marked alkalinity. The tears and saliva have always been found by M. Andral alkaline; and he believes that when this latter fluid has been said to be otherwise, that of the mucous membrane has been mistaken for it. Thus in the very cases furnishing an acid reaction, if we, by means of a sapid body, excite the flow of the saliva, we immediately find this alkaline. "And thus falls to the ground one of the principal arguments which has been adduced in support of the theory which regards glucosuria as resulting from the acidification of the blood or other humours of the economy."

In a state of health, urine which has not remained too long in the bladder, and is examined soon after voiding, is always acid, although such acidity may become enfeebled, or even neutralized, if very abundant drinks be taken without corresponding diaphoresis. Circumstances may render the urine temporarily alkaline, as the taking alkalies, or the prolonged use of exclusively herbivorous aliment. The privation of food, however long, does not remove the acidity of the urine; but it is a curious fact, that in some convalescents we find the urine become temporarily alkaline when they commence a better diet. Nor does disease render the urine alkaline. Multiplied as have been the author's observations upon this point, he has never met with a case in which the urine, from the influence of the disease itself, left the kidneys in an alkaline state; and he feels convinced that the statements which have been to the contrary made are founded in error. It has been said that diseases of the spinal marrow have this effect; but, in fact, the urine never becomes alkaline in these, until the mucous membrane of the bladder is diseased. It is not then an alteration of secretion, but a purely chemical one; the urine becoming decomposed and ammoniacal, from coming in contact with pus and other morbid products. Pus, whatever its source, is always alkaline, consisting as it does of the serum of the blood, amidst which special glo-

bules are developed; and this, as well as other morbid secretions, never becomes acid, except after long exposure to the air.

The immutability of the secretion of the acid and alkaline principles of the animal fluids is then a law of both their physiological and pathological conditions; and it must be a very important one, seeing that it persists without any exception, save one of a very temporary character, in respect to the influence of alimentary substances in the urine.—*Gazette Médicale.*

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*Cases of Prolonged Lactation*—Dr. Moir mentioned the case of a married lady, who, for certain reasons, was unable to nurse her own children, but in whom the secretion of milk was after each confinement unusually protracted, notwithstanding the means used to discuss it. Starvation, purgatives, diuretics, diaphoretics, and alteratives, as internal remedies, and local astringents of various kinds, were used, without in the least diminishing the secretion, or having any effect further than that of weakening the patient, so that latterly the only means employed were of a tonic nature, to sustain her strength. The secretion continued from one confinement till about the third month of the succeeding pregnancy, after which it almost ceased; after her second confinement it continued eighteen months; after her third, twenty-four months; after her fourth, twenty-five months. after the fifth, about twenty-four months, when she had a miscarriage, and since then has had no children. A circumstance that rendered this case peculiarly distressing was, that after her first confinement she suffered from a severe mammary abscess, which, by the practitioner then in attendance, was opened close to the nipple. From this wound the milk continually flowed, and as it never healed up, it was impossible to receive the milk from this breast into any convenient reservoir; so that the lady was kept in a constant state of discomfort, her dress, notwithstanding the use of oiled silk, and M'Intosh cloth, being completely saturated with milk. The skin over the abdomen and left side was from the same cause much irritated, and in warm weather partially excoriated.

Dr. Peddie knew of a woman having nursed uninteruptedly for three years.—*Proceedings of Edinburgh Obstetric Society.*

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*Ergot of rye a remedy for excessive dilatation of the pupil from Belladona.*—M. Comperat has announced a plan by which he has succeeded in removing dilatation of the pupil produced by belladonna in a patient of his, in whom the iris was scarcely visible, so complete had been the action of a small dose of belladonna applied externally. For some days the excessive dilatation resisted the employment of various collyria. He prescribed powdered ergot of rye, taken like snuff. The dilatation disappeared in a few seconds—it soon returned, the same remedy was again employed, and it did not reappear. He thought that ergot might be thus used in cases in which dilated pupil arises from other causes.—*London Med. Gaz.*

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*The Cholera in Russia.—Riots in consequence of alleged poisoning.*—A letter dated St. Petersburgh, 10th Oct., gives an account of a disturbance which occurred in consequence of the cholera having

recommenced its ravages with increased severity, and particularly amongst the poorer classes. A report was circulated amongst the people, that the aristocracy had employed poison to cut them off. They immediately constructed barricades. The troops were about to attack them, when the Emperor arrived on horseback, attended by a single aide-de-camp. The Emperor ordered the troops to fall back, and, ascending the barricade, he addressed the insurgents as follows:

"The cholera, my children, is a chastisement which God inflicts on men, and to which they must submit with resignation. All the reports of poisonings are pure falsehoods, invented by evil-minded persons, who are the enemies of the people."

The insurgents, who had cast themselves on their knees, as in the attitude of prayer, when they perceived their Czar, remained silent, with the exception of two, who commenced a reply. The Czar ordered the insurgents to arrest those two men, and then commanded the troops to return to their barracks. The insurgents immediately seized their comrades and delivered them up to the police. They demolished the barricades and separated peaceably.—*Ibid.*

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*Quinine prophylactic of Puerperal Fever.*—This idea that quinine is a preservative against puerperal fever was started by M. Alphonse Leroy, of Rouen, in 1793. M. Leudit put it to the test in an epidemic which occurred in 1843, and lasted for three months, administering it before the accustomed period of the first appearance of the malady. For this purpose he employed the quinine in 15 grain (one gramme) doses, and in the few cases it was then tried in, no fever followed. He repeated his experiments in two other epidemics, occurring in the years 1845 and 1846, when he found that those who submitted to this medicine did not contract the fever. To give the statistics:—Of 83 women who entered the Hotel Dieu de Rouen, between September, 1843, and January, 1844, 74 took no medicine, and 21 of them were seized with puerperal fever, while the remaining 9 were dosed with the quinine, and escaped contagion. Again; between July 8th and August 9th, 1845, 26 deliveries occurred: 11 women were submitted to no medication, and eight of them were attacked with the epidemic fever; of the 15 others, treated with sulphate of quinine, one only caught the disease. Lastly, between the 9th of March and the 21st of April, 1846, 36 women were delivered: of the 19 who took no quinine, 11 were attacked; of the 16 submitted to its action, only one was seized with fever.

The following is the manner in which M. Leudet employs the quinine: as soon as the newly delivered woman has a little recovered the shock of child-birth—viz., in about four hours after delivery, 15 grains of the medicine are given in the course of the 24 hours, in three portions. The same quantity is prescribed the next day, but on the third day it is diminished to ten grains, and the same dose is persevered in until the usual period of the accession of the fever has passed by, up to about the sixth day. The occurrence of milk fever is not always an indication to stay the quinine, for in very many cases that febrile disturbance is very slight.

The plan of using quinine as a prophylactic has been subsequently adopted in Paris by M. Cazeaux, who could, from his experience, however, make no report of its efficacy. Nevertheless, any remedy holding out such a promise, in so fearful a disease, should not be thrown aside until after a careful and repeated trial. On the other hand, hygienic measures must be looked upon as by far the best safeguards, both against the developement and the propagation of the puerperal fever.—*Lon. Lan.*

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*Mode of Detecting Small Quantities of Opium.*—The process proposed by M. Hensler consists in treating the powder of opium by boiling sulphuric ether, and evaporating; a fat, viscous residue is left, containing crystals of meconine and narcotine. If this compound be treated with boiling water, the meconine is dissolved, and the narcotine may then be dissolved in alcohol; but in the solution thus procured another substance exists, named by Merk porphyroxine, which possesses the property of assuming a reddish purple colour if heated with dilute hydrochloric acid. Porphyroxine is neutral, and crystallizes in brilliant needles. Sulphuric and nitric acids render it of an olive colour; it is dissolved in dilute sulphuric muriatic acids, and the heat produces a rosy or reddish purple colour, according to the degree of dilution. Alkalies decolorize the liquid, and throw down a white precipitate.

If it is wished to discover opium in a compound medicinal preparation, a little liquor potassæ should be first added, and then some ether should be stirred in; after that, a strip of blotting-paper should be soaked in the ethereal extract, and then dried, repeating this several times. If the strip be now moistened with dilute hydrochloric acid, and brought into contact with watery vapour, it becomes more or less red, in proportion to the quantity of opium present.

Porphyroxine (which gives this characteristic reaction) being insoluble in water, the above will furnish no test result with preparations of opium, having only the gummy (or watery extract) for their base; crude opium itself, or an alcoholic or ethereal solution of it, must be present, in order to the efficacy of the test.—*Ibid.*

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*Test for Cod-Liver Oil.* By C. Hockin.—Among the substances proposed for testing the purity of cod-liver oil, I believe that it is not generally known that strong sulphuric acid is that on which reliance can be best placed. Mixing together, on a porcelain slab, four parts of genuine cod-liver oil and one part of strong sulphuric acid, and stirring with a glass rod, a beautiful and rich violet colour, similar to that of the fumes of iodine, is produced, which, in a few seconds, passes gradually into a dirty brown, the altered portion of the oil separating in irregularly shaped patches from that out of reach of the acid. This remarkable characteristic is not possessed by either olive, almond, seal, whale, or fine sperm oils, nor do I believe by any other fat oil. The reaction varies the appearance from a delicate fawn to dark caramel. The latter is produced with several samples of very

light cod-liver oil which are found in the market—a circumstance that induces me to think they have been bleached with chromic acid, or other powerfully deoxidising agent, thus decomposing all the gelatinous matter so abundant in cod-liver oil.—*Ibid.*

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*Absorption of Insoluble Substances.*—Although numerous works have of late years been published on the physiology of absorption, this function is as yet far from being completely understood. The parts played by the veins and lymphatics respectively, is still but imperfectly known ; and the conditions necessary for the operation of absorption are still undetermined. Professor Oesterlen has made a discovery which, if verified, will completely subvert received theories. Having fed cats and rabbits five or six days consecutively, with food in which charcoal, minutely powdered, had been mixed, he found that on examining the blood under the microscope, particles of charcoal, identical with those which had been ingested, were abundantly visible. The blood was taken from the mesenteric and portal veins. The fluid of the thoracic duct did not contain any, neither did the urine or bile. Charcoal is not the only insoluble substance which is capable of being absorbed. Oesterlen found that Prussian blue can likewise be detected.—*Henle and Pfeufer Zeitschrift.*

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*On the Action of the Omo-Hyoideus.*—The reputed action of these muscles, as is shown by reference to the opinions of Bell, Cloquet, Cruvelhier, &c., is, to oppress the os hyoides and larynx. Mr. Skey regards this view as too exclusive, and refers to them a highly important and hitherto unacknowledged function,—viz., depression of the os hyoides towards the *sternum*, the action by which *sucking* is accomplished. In examining such animals as drink by lapping, and in which the formation of a vacuum in the mouth, as in the act of sucking, is not required, Mr. Skey finds the omo-hyoideus absent. Its attachment to the scapula is regarded as a matter of necessity, inasmuch as the clavicle and first rib are occupied by the scalenæ, &c.

To the law that no animal which lives by lapping has this muscle, Mr. Skey acknowledges the objection which arises from the fact that such animals, when young, also live by suction, and this would appear to invalidate his explanation of the action of the muscle. He endeavours to avoid the difficulty, by supposing that the act of sucking in the young animal is effected by the tongue alone.—*Medical Gazette.*

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### ACADEMY OE MEDICINE.

*Collodium, or Collodion.*—M. Souberian mentioned a new method of preparation of this adhesive substance; his preparation yielded a purer collodium, and better calculated for rendering tissues waterproof.

E. Malgaigne stated, that for surgical purposes, a certain degree of impurity of the collodium is necessary; he preferred that obtained by the process pointed out by M. Mialhe. The following is the plan followed by that chemist :—

Pure gun-cotton, that which left no residue whatever after deflagration, was not proper for the preparation of collodium. A special gun-cotton should be used, obtained by the reaction of sulphuric acid and nitre upon cotton. Some precautions were indispensable: ℥v. of cotton, ℥xiv. of sulphuric acid, and ℥x. of nitre, were the proportions of the various elements. The nitre and sulphur should be mixed in a china capsule, and, the cotton being added, the mixture should, during a space of three minutes, be agitated with glass sticks. After being well dried, the gun-cotton thus obtained was not very pure; it always contained sulphuric acid, but it had acquired the property of dissolving readily in ether, and, better still, in ether and alcohol. The formula was the following;—

℞. Sulphuric gun-cotton, ʒij. rectified sulphuric ether, ℥iv.; rectified spirit, ʒij.

It was absolutely necessary that the parts upon which the adhesive liquid was applied should be preserved from all humidity until the ether had completely evaporated.

*Rheumatism.—Sulphate of Quinine.*—A young woman, aged twenty-three, was confined, in the month of June, at the Hospital of La Maternité. On the ninth day after parturition she left the hospital, and accidently took cold while suckling her baby at night. The consequence was, the development of an attack of acute rheumatism, which first invaded the right shoulder, and thence was propagated to the other joints. The disease had lasted six weeks with unabated violence, when the patient was admitted into the wards of Dr. Briquet, at La Charité. Eighteen grains of sulphate of quinine were prescribed, and in a few days the disease yielded to the daily exhibition of this dose.

Another case of acute articular rheumatism was admitted into M. Rayer's wards; the subject was a vigorous journeyman, aged thirty; venesection was twice performed, and ʒss. of sulphate of quinine was daily exhibited. In the space of seven days the pains had ceased, and the patient was pronounced convalescent.—*Annales de Thérapeutique.*

*Death from a Foreign Body in the Trachea.*—The subject, a corpulent and healthy-looking woman of middle age, was brought to the hospital dead, who, from the account of the bearers, had been quarrelling, and received a blow on the head, from which, after some convulsive movements, she quickly died.

When placed on the table, there was no lividity of the face, nor other peculiarity of visage; there was a superficial lacerated wound of the front of the scalp, about an inch and a half in length, and situated over the central part of the frontal suture. its anterior edge somewhat bruised, and the posterior slightly torn from the pericranium. There was slight ecchymosis around the wound, but no injury of the skull, which, indeed, was nowhere denuded of the pericranium,

and on being laid open, displayed the brain and base of skull altogether uninjured. The abdominal and thoracic viscera were then laid bare, and according to the rule in examining all bodies here, whatever the nature of the case may be, the trachea was slit open, and to the surprise of all, exposed at once the cause of death. A plug of boiled saur-kraut, nearly an inch in length, was so firmly impacted in the trachea, an inch and a half below the larynx, that it must have instantly destroyed all respiration; a few strips of the vegetable were also found in the ventricles of the larynx, and the pharynx was likewise nearly full of it; the stomach contained some food, and, like the other viscera, was quite healthy.

The explanation of the case appears very simple; the body with which she had been struck must have been blunt, and, as usually happens, slipped obliquely from the skull, making a mere superficial wound, without doing further mischief there. She was, however, eating at the time, and there can be little doubt that the blow was unexpected; and, as occurs in all cases of injury and fright, it caused her to take a sudden and violent inspiration, and, in consequence, produced the sucking in of the vegetable she was about to swallow. The firm manner in which it plugged up the trachea, demonstrated the great force with which it had been drawn in, and the insufficiency of the convulsive efforts that followed to dislodge it. Had the trachea not been examined, (and how often is it neglected,) the cause of death would no doubt have been at once set down as the result of the direct effects of the blow upon the brain; and as I have not heard the issue of the legal proceedings, I cannot say how far,—if, indeed, in any degree,—the discovery of the true cause of death lightened the legal guilt of the prisoner in the eyes of the Viennese jurists.—*Lancet.*

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*Death Accelerated by Salivation in the Third Stage of Tubercular Consumption.*—An inquest was held on the 11th of August on the body of Mrs. James Perry, whose death was reported to have been accelerated by the improper exhibition of mercury, said to have been administered by an unlicensed practitioner named Young. The facts of the case, as elicited at the inquest, are simply these:—Mrs. P. had been, until a very recent period before her death, under the charge of Dr. Arnoldi, and Dr. Holmes had seen her in consultation. The existence of tubercles in her lungs had been clearly made out; and for some time before the intermission of Dr. Arnoldi's attendance, a palliative treatment had been most judiciously adopted. In consequence of the advice of friends, Young was called in, who stated that her lungs were not diseased at all; that her liver was tuberculated, as well as her kidneys, and that the uterus was somehow or other displaced, and that the cessation of the catamenia, a common symptom in phthisis, was due to that displacement. This latter he endeavored to rectify by some kind of manual interference, some traces of injury from which were visible at the *post-mortem;* and he persuaded the patient

to submit to a system of salivation, which he assured her would cure her. In the course of three or four weeks, however, despite Young's predictions, the patient breathed her last, having been visited for two or three days by Dr. Burns, who found her suffering from salivation, with its concomitants. The inquest was held to determine the propriety of Young's practice, and how far it may have accelerated the decease. Drs. Nelson and Hall having been summoned on the part of the Crown, performed the *post-mortem* examination, and found the left lung the seat of extensive tubercular deposit, with anfractuous cavities, as well as the superior portion of the right lung, with very general pleuritic adhesions on the left side, and superior portion of the right. The liver slightly enlarged, with a tendency to granular degeneration; the mesenteric glands in a tuberculated state; but all the other abdominal viscera of normal appearance. The uterus perfectly healthy, and in natural position. The upper part of the vagina, immediately behind the os uteri, presented an ecchymosed appearance, which Dr. Nelson considered as the effect of injury. Although the question of salivation was well substantiated, still there was not evidence adequate to bring the exhibition of the mercury home to the prescriber, the books of the apothecary, which were sent for and examined, failing in the proof, in consequence of prescriptions having been compounded for several persons named Mrs. Perry by Young's orders. The verdict returned was "that the death of the deceased was accelerated by the improper administration of mercury, but there is no evidence to prove by whom such mercury was exhibited." This verdict was strictly in accordance with what was elicited at the inquisition, and we can therefore find no fault with it, because the jury could not travel beyond their record; but we have no doubt, that had the evidence been conclusive, the verdict of the jury would have inculpated Mr. Young to rather an alarming extent. Young has escaped in the mean while, and *in the mean while* he prosecutes his trade, not, most certainly, to the damage of any practitioner in this city, but most assuredly to the jeopardy of *some* who have since placed themselves in his hands.—***British American Journal of Medical and Physical Science.***

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*Poisoning by an Infusion of Poison Oak.*—Mr. Wilkes, a student of medicine from Tennessee, curious to test the truth of the statement made by some writers on Materia Medica, that the *Rhus toxicodendron* only produces its poisonous effects when applied to the skin, tried a few weeks since, the experiment of drinking a strong decoction of the plant. He boiled the vine, with its leaves, and drank about a gill of the fluid, taking care, while preparing it, not to let the vine come in contact with his person. It was taken after supper, and next morning he found his face much swollen. The swelling continued to increase until his eyes were completely closed. He resorted at once to a wash, composed of perchloride of mercury gr. i., sal ammoniac grs. ii., water ℥ ij, which he had prepared in the event of his being poisoned. In about thirty-six hours the swelling and inflammation had disappeared. He slept nearly the whole time his eyes were closed, showing the narcotic action of the article.—***Western Journal of Med. and Surg.***